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N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-32. No. 5469

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

**STANDARD  
CERTIFICATE OF DEATH**

To be filed for burial permit  
with Board of Health  
or its Agent.

1 PLACE OF DEATH { *Sutcliffe* (County)  
*Wentham* (City or Town)  
No. *Community* Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *James A. Daley*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *373* *Beach* St., *Revere* Ward, (If U. S. War Veteran, specify WAR)  
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. *1* mos. *7* days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>male</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE MARRIED WIDOWED or DIVORCED <i>single</i> (write the word)	18 DATE OF DEATH <i>January 7 1938</i> (Month) (Day) (Year)	<p>19 I HEREBY CERTIFY That I attended deceased from <i>November 5 1936</i> to <i>January 7 1938</i></p> <p>I last saw him alive on <i>Jan 7 1938</i>, death is said to have occurred on the date stated above, at <i>9:00</i> a.m.</p> <p>The principal cause of death and related causes of importance in order of onset were as follows:</p> <p><i>Bronchial pneumonia</i> <i>1-2-38</i> <i>Chronic myocarditis</i> <i>11-5-36</i> <i>Arterio-sclerosis</i> <i>1935</i></p> <p>Contributory causes of importance not related to principal cause: <i>Cerebral hemorrhage</i> <i>1935</i></p>
<p>5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)</p> <p>(or) WIFE of (Husband's name in full)</p> <p>6 IF STILLBORN, enter that fact here.</p>			<p>18 DATE OF DEATH</p>	
<p>7 AGE <i>59</i> Years Months Days If less than 1 day Hours Minutes</p>			<p>19 I HEREBY CERTIFY</p>	
<p>8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>manager</i></p> <p>9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>grocery store</i></p> <p>10 Date deceased last worked at this occupation (month and year) <i>Oct. 1937</i></p> <p>11 Total time (years) spent in this occupation <i>20</i></p>			<p>18 DATE OF DEATH</p>	
<p>12 BIRTHPLACE (City) <i>Chelsea</i> (State or country) <i>Mass</i></p>			<p>19 I HEREBY CERTIFY</p>	
<p>13 NAME OF FATHER <i>Charles Daley</i></p>			<p>18 DATE OF DEATH</p>	
<p>14 BIRTHPLACE OF FATHER (City) <i>Ireland</i> (State or country)</p>			<p>19 I HEREBY CERTIFY</p>	
<p>15 MAIDEN NAME OF MOTHER <i>Margaret Doyle</i></p>			<p>18 DATE OF DEATH</p>	
<p>16 BIRTHPLACE OF MOTHER (City) <i>Ireland</i> (State or country)</p>			<p>19 I HEREBY CERTIFY</p>	
<p>17 Informant (Address) <i>Mark Daley - sister</i> <i>179 Congress St. Chelsea</i></p>			<p>18 DATE OF DEATH</p>	
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Wm. D. Childers</i> (Signature of Agent of Board of Health or other)</p>			<p>19 I HEREBY CERTIFY</p>	
<p>(Official Designation) <i>H.O.</i> (Date of issue of Permit) <i>Jan. 8/38</i></p>			<p>18 DATE OF DEATH</p>	
<p>20 Was disease or injury in any way related to occupation of deceased? <i>No</i></p> <p>If so, specify <i>Harold Muzzgron</i> (Signed) <i>620 Beach St. Revere</i> (Address) Date <i>1-8 1938</i> M. D.</p>			<p>19 I HEREBY CERTIFY</p>	
<p>21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>Hol Cross</i> (Cemetery) <i>Malden</i> (City or town)</p>			<p>18 DATE OF DEATH</p>	
<p>DATE OF BURIAL <i>Jan 10 1938</i></p>			<p>19 I HEREBY CERTIFY</p>	
<p>22 NAME OF UNDERTAKER <i>Wm. + Mary J. West</i></p>			<p>18 DATE OF DEATH</p>	
<p>ADDRESS <i>254 Beach St. Revere</i></p>			<p>19 I HEREBY CERTIFY</p>	
<p>Received and filed <i>Jan. 19 1938</i></p>			<p>18 DATE OF DEATH</p>	
<p>(Registrar)</p>			<p>19 I HEREBY CERTIFY</p>	



**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner—weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engine*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word, "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained, or if, for the purpose, or is insufficient, by a physician who is a member of the board of health, or employed by it or is the selecting for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If, in a permit for the removal of a human body, not previously interred, from one town to another within the same wealth cannot be obtained early enough for proper issue, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been, sooner obtained hereunder. If the death certificate contains a retical as required by section ten of chapter forty-six of the United States in any war in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith commission it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. *Chap. 114, Sec. 45 (G, L., as amended by Chap. 48, Act of 1917 and Chap. 414, Acts of 1931.*

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupationally the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12-35 No. 6156F

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)  
No. 140 Shore Drive



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.  
Registered No. 2

2 FULL NAME Margaret Agnes Splaine  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. 140 Shore Drive St. Ward  
(Usual place of abode)  
(If nonresident, give city or town and state)  
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female  
4 COLOR OR RACE white  
5 SINGLE, MARRIED, WIDOWED or DIVORCED MARRIED  
6a If married, widowed or divorced HUSBAND of Richard E. Splaine  
(Give maiden name of wife in full)  
(or) WIFE of  
(Husband's name in full)  
6 IF STILLBORN, enter that fact here.  
7 AGE 25 Years 7 Months Days If less than 1 day Hours Minutes  
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home  
10 Date deceased last worked at this occupation (month and year)  
11 Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 7, 1938  
(Month) (Day) (Year)  
19 I HEREBY CERTIFY That I attended deceased from Dec. 20 1937 to Jan. 7 1938  
I last saw her alive on Jan. 6 1938, death is said to have occurred on the date stated above, at 12:45 p.m.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Bronchial Asthma  
Ed. Schmitz H. Disease  
Generalized Ext. Sclerosis  
Hypostatic Pneumonia  
Contributory causes of importance not related to principal cause:  
Date of Onset IMPORTANT Jan. 13/1938

12 BIRTHPLACE (City) Charlestown  
(State or country) mass.  
13 NAME OF FATHER Dennis Griffin  
14 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)  
15 MAIDEN NAME OF MOTHER Margaret Hurley  
16 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)

Name of operation None Date of What test confirmed diagnosis? Was there an autopsy? No  
20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify Charles Liberman M. D.  
(Signed) 26 Wave Way Date Jan. 7 1938  
21 Holy Cross Malden  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL January 10, 1938  
22 NAME OF UNDERTAKER J. S. Kalemian  
ADDRESS Boston, Mass.  
Received and filed Jan. 19 1938  
(Registrar)

17 Informant (Address) Mrs. Mary E. Curry (Cousin)  
17 Corsey St. Charlestown  
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:  
Wm. D. Childers  
(Signature of Agent of Board of Health or other)  
18 Jan. 7/38  
(Official Designation) (Date of Issue of Permit)



# Revised United States Standard Certificate of Death

## COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

### RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sup- posed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove it therefrom, from a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a law to be returned and recorded, stating the facts required by a law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as re- quired by law, or in lieu thereof a certificate as hereinafter pro- vided. If there is no attending physician, or if, for sufficient rea- sons, his certificate cannot be obtained early enough for the pur- pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attend- ing physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to an- other within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was re- moved within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectifi- cal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectifi cal shall ap- pear upon the statement and certificate, shall forthwith counter- sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician cer- tifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (Ter- centenary Edition.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—GEN. LAWS, CHAP. 38, SEC. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, or otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (Tercentenary Edition.)

#### RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the ob- servance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to such deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septi- cemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, and the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pur- suits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from busi- ness, report the occupation prior to retirement or at home. For a woman whose only occupation was that of housework, write to housework in answer to Question 8 and Omit HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particu- lar kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such gen- eral terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGI- NEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

*Arteriosclerosis*

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-e



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 3

PLACE OF DEATH

Suffolk  
(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Benjamin Knudson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 179 Pauline

(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married
---------------	--------------------------	---

5a If married, widowed, or divorced  
HUSBAND of Anna (Dahl) Knudson  
(Give maiden name of wife in full)

(or) WIFE of  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 78 Years 6 Months 5 Days If less than 1 day  
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sexton  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church  
10 Date deceased last worked at this occupation (month and year) Jan 1938  
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)  
(State or country) Norway

13 NAME OF FATHER Knute Knudson

14 BIRTHPLACE OF FATHER (City)  
(State or country) Norway

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City)  
(State or country) Unable to obtain

17 Informant John H. Knudson (son)  
(Address) 9 Lincoln St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/11/38

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 10 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938, to Jan. 10, 1938.  
I last saw him alive on Jan. 9, 1938, death is said to have occurred on the date stated above, at 3:40 a.m.  
The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Lobar pneumonia

Jan. 1, 1938

Contributory causes of importance not related to principal cause:

Name of operation none Date of  
What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no  
If so, specify Encephalitis, 1938  
(Signed) E. J. B. M. D.  
(Address) E. J. B. Date Jan. 10, 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop  
(Cemetery) (City or town)

DATE OF BURIAL January 12, 1938

22 NAME OF UNDERTAKER C. R. Bennett  
ADDRESS Winthrop Mass

Received and filed JAN 11 1938

A TRUE COPY, ATTEST:

(Registrar)



# COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

**A physician or registered hospital medical officer shall forth with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....**  
*Gen. Laws, Chap. 46, Sec. 9.*

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the Board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhum a human person dead; and no undertaker or other person one cemetery to another, or body and remove it from a town from one cemetery to another in the same town, or remove it from a town to another in the same town, or from one grave or tomb casket into another, or remove it from the board of health.**

shall buy or otherwise dispose

*Gen. Laws*, chap. 46, Sec. 9.

No undertaker or other person shall bury therefrom a human body of a human body in a casket which he has received from a human body which has died in health or its agent appointed to issue such permits; if there is no such boarder, from the clerk of the town where that person died; and no undertaker or other person shall exume a human body from a town, from one cemetery or another in the town, from one grave or tomb other than the receiving on the board of health

[illegible]

*Gen. Laws, ch. 46, Sec. 9.*  
No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove the dead from a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed and issue such permits, or if there is no such board, from the town where the body or person died; and no undertaker or other person shall exume a human body and remove it from a town from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in that same cemetery, until he has received a permit from the board of health, or its agent, or from the clerk of the town where the body or its agent, or the clerk of the town where the body has been buried. No such permit shall be issued until there shall have been a burial. No such permit of clerk, as the case may be, is satisfied.

*Gen. Laws, ch. 46, Sec. 9.*  
No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where that person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or vault other than the receiving tomb or place of interment, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be ascertained in such cases.

*Gen. Laws, chapter 46, Sec. 9.*  
No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent abroad; or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded which shall be accompanied, in case of a body removed, by a satisfactory certificate of the attending

*Gen. Laws, chap. 46, Sec. 9.*  
No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or burying place to another, until he has received a permit from the board of health of the town where the body or its agent, attestor or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate

*Gen. Laws, chap. 46, Sec. 9.*  
No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove the same from a town, which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to and in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been a written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of a factory written statement containing the facts required by law to be returned and recorded, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall upon application make the certificate required of the attending

*Gen. Laws, chap. 46, Sec. 9.*  
No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove the same from a town, which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to and in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been a written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of a factory written statement containing the facts required by law to be returned and recorded, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall upon application make the certificate required of the attending

*Gen. Laws, chap. 46, Sec. 9.*  
No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove the same from a town, which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to and in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been a factory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate, as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall upon application make the certificate required of the attending

*Gen. Laws, chap. 46, Sec. 9.*  
No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove the same from a town, which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to and in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been a written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of a factory written statement containing the facts required by law to be returned and recorded, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall upon application make the certificate required of the attending

*Gen. Laws, chap. 46, Sec. 9.*  
No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove the same from a town, which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to and in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been a written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of a factory written statement containing the facts required by law to be returned and recorded, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall upon application make the certificate required of the attending

# RULES OF PRACTICE

Date of onset

63

21

1.767 '6

and by the action of chemical (drugs or poisons), infectious disease agents, and deaths following abortion, but also deaths from, disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

Death is needed.

(3) **Medial Examiners** will investigate and certify **immediately due to injury**. These include not only deaths caused directly or indirectly by trauma (including falling, slipping, or by the action of chemical (drugs or poisons), thermal, or electrical agents and deaths following abortion, but also deaths from disease resulting from injury or infection, but related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100011136, No. 9080 F

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 585 Shirley St

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 4

2 FULL NAME Myra Williams Jackson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 585 Shirley

(Usual place of abode)

St., Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 years months days.

How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

John K. (Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 84

Years

I

Months

16

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as painter, sawyer, bookkeeper, etc.

House wife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Great Pond

(State or country)

Maine

13 NAME OF FATHER

Asa Williams

14 BIRTHPLACE OF FATHER (City)

Great Pond

(State or country)

Maine

15 MAIDEN NAME OF MOTHER

Direxa Dunn

16 BIRTHPLACE OF MOTHER (City)

Cherryfield

(State or country)

Maine

17

Informant (Address)

Ralph T. Jackson

Relation, if any

(Sons)

85 River St Boston Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Official Designation

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran

specify WAR)

St., Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 years months days.

How long in U.S., if of foreign birth? years months days.

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan 11, 1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 6, 1938, to Jan 11, 1938.

I last saw him alive on Jan 11, 1938, 19, death is said

to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

arteriosclerosis  
cerebral hemorrhageDate of Onset  
IMPORTANT  
1/8/38

1/6/38

Contributory causes of importance not related to principal cause:

Bronchopneumonia

1/14/38

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

A. Nathan Caplan

M. D.

(Address)

5 Myrtle Ave. Woburn, Mass.

1/10/1938

21

Winthrop Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

Jan. 12

1938

19

22

NAME OF UNDERTAKER

R. J. White

ADDRESS

147 Winthrop St. Winthrop

Received and filed

19

JAN 17 1938

(Registrar)



**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write in answer to Question 8, and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK, HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

## RETURN OF CERTIFICATES OF DEATH

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, Chap. 46, Sec. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously inferred from one town to another within the commonwealth, cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or militia corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, Sec. 45, G. L. (TERCENTENARY EDITION).

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, Sec. 46, G. L. (TERCENTENARY EDITION).

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septi-cemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **diseases resulting from injury or infection related to occupation** and the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 58 Birch Road

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude Francis Kendrick

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 58 Birch Road

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Winfield Scott Kendrick (Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years 8 Months 8 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home  
10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) Charlestown (State or country) Massachusetts

13 NAME OF FATHER Lewis Abbot

14 BIRTHPLACE OF FATHER (City) Andover (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Nellie Evens

16 BIRTHPLACE OF MOTHER (City) (State or country) Maine

17 Informant Winfield Scott Kendrick Jr (Son) (Address) 58 Birch Rd Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress, D. (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/15/38 (Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 5

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 13 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 12:30 p.m. to 1:15 p.m. 1938. I last saw him alive on Jan 13 1938, death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. White Green, M. D.

(Address) 147 Winthrop St Winthrop Mass. Date 1/17 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Swampscott Swampscott Mass (Cemetery) (City or town)

DATE OF BURIAL January 15 1938

22 NAME OF UNDERTAKER R. H. White Green ADDRESS 147 Winthrop St Winthrop Mass.

Received and filed JAN 15 1938 19

(Registrar)

EXTRACTS  
FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of *house housework*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

10.—The month and year the deceased last worked at the occupation.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *Grocery store, soap factory, cottonmill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a person is engaged in a profession or occupation that can be secured. Do not use precise "statistical" but give the exact occupation, as *carpenter*, *use the word statistician*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, assthema, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complications, if any, related to the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The <b>principal cause of death</b> and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes</b> of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example means to be the second cause given.

A physician or registered hospital medical officer shall forth with, after the death of a person whom he has attended during his last illness, at the request of the undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a single certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease or cause of death, defined as required by section one, and the date of death, and the duration of his last illness, when last seen alive. *Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body of which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body of which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body until ashes thereof which have been brought to the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of said board; provided the body is to be buried or the funeral is to be held from a person appointed to have the care of the cemetery to be buried ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians**—Those as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to an attending physician the cause of death in cases of death **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), but also deaths caused by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the attending physician will certify to the cause of death. Deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

1

Suffolk  
(County)

Winthrop  
(City or Town)

No. 59 Ingleside Ave Winthrop

St.,

Ward

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Susie Mills Sanby

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 59 Ingleside Ave

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 38 years months days.

How long in U.S., if of foreign birth? 75 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE hite 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William F. Sanby (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 Years 5 Months 29 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Bradford (State or country) Ontario Canada

13 NAME OF FATHER James Mills

14 BIRTHPLACE OF FATHER (City) Not known (State or country) U.S.A.

15 MAIDEN NAME OF MOTHER Catherine Watt

16 BIRTHPLACE OF MOTHER (City) Not known (State or country) U.S.A.

17 Informant Mrs Helen Letson (Address) 57 Ingleside Ave Winthrop (Relation, if any) Daughter

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



STANDARD

CERTIFICATE OF DEATH

Registered No.

{ (If U. S.  
War Veteran  
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 15 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 1, 1937, to Jan 15, 1938

I last saw him alive on Jan 15, 1938, death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cardiomyopathy of unknown origin

Contributory causes of importance, not related to principal cause:

Dropsy, Nephritis

Date of Onset  
IMPORTANT

1937  
Fall of 1937

1938

Name of operation. No Date of. What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Hurrey, out cell, M.D.

(Address) Winthrop Date 1/15/38

21 Winthrop Winthrop Mass Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL January 18 1938

22 NAME OF UNDERTAKER Burial 76 W. Hale

ADDRESS 147 Winthrop St Winthrop Mass

Received and filed. 19

9

(Registrar)

# RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall follow with after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, the supposed cause, the disease of which he died, defined as required by the section, where same was contracted, the duration of his last illness, when last seen alive by the physician, or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, sworn to, of the facts required by law to be returned and recorded, which shall be accompanied in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient cause, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has, been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish, for record to the any other necessary information which can be obtained upon the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34. No. 2038-g

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop (City or Town) No. 187 Somerset Ave Winthrop Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	Registered No. 17			
2	FULL NAME Eliot Young (If deceased is a married, widowed or divorced woman, give also maiden name.)	(If U. S. War Veteran, specify WAR)			
(a)	Residence. No. 187 Somerset Ave Winthrop (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.	Ward, (If nonresident, give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)		
Male	White	Single			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7	AGE Years 7 Months 21 Days If less than 1 day Hours Minutes				
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation		
12 BIRTHPLACE (City) (State or country) Malden. Mass					
PARENTS	13 NAME OF FATHER Harold Young				
	14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass				
	15 MAIDEN NAME OF MOTHER Anna Franks				
	16 BIRTHPLACE OF MOTHER (City) (State or country) Lawrence Mass				
17	Informant Harold Young - Father (Address) 187 Somerset Ave Winthrop				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
(Signature of Agent of Board of Health or other)					
ADRIAN E. CRAMPTON (Official Designation) JAN 17 1938 (Date of Issue of Permit) 5300					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Jan - 16 - 1938 (Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) acute Cardiac Dilatation Congenital Heart Disease natural causes					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) M. J. Buckley, M. D. (Address) Boston Date - 12 - 1938					
21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town) Burial of Boston Woburn DATE OF BURIAL Jan 17 1938					
22 NAME OF UNDERTAKER ADDRESS 10 Washington St Woburn Received and filed 1938 (Registrar)					

BOSTON HEALTH DEPT.



physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, § 9.*

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

**No undertaking or other person shall bury or otherwise dispose** of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaking or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L. (Centenary Edition.)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the selectmen of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—*Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.

—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including **road septimemia**), and by the action of chemical (drugs or poisoning, thermal, and electrical agents, and deaths following abortion, but also deaths from diseases **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicæmia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) *under cause*, its known or presumable nature; and (2) *under manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

[illegible]

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12' 35". No. 61561

1

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 387 Shirley St

St., Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Harry Witmer Gerth

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 387 Shirley St

(Usual place of abode)

St., Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Married

Male White

6a If married, widowed, or divorced

HUSBAND of Ellen A. Reed  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 52 Years Months Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Operator

9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

B. E. R. R. Co.

10 Date deceased last worked at  
this occupation (month and  
year) Jan 15 193811 Total time (years)  
spent in this  
occupation 2712 BIRTHPLACE (City)  
(State or country) Millersville  
Penn13 NAME OF  
FATHER

Harry Gerth

14 BIRTHPLACE OF  
FATHER (City)  
(State or country) Millersville  
Penn15 MAIDEN NAME  
OF MOTHER

Susan Witmer

16 BIRTHPLACE OF  
MOTHER (City)  
(State or country)

Penn

17

Informant Ellen A. Gerth

(Address)

387 Shirley St

Relation, if any

(Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/15/38

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

Registered No. 6

To be filed for burial permit  
with Board of Health  
or its Agent.{ (If death occurred in a hospital or institution,  
give its NAME instead of street and number){ (If U. S.  
War Veteran  
specify WAR)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH Jan 16 1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 16 1938, 19....., to....., 19.....

I last saw him alive on....., 19....., death is said

to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance in order of onset  
were as follows:

Natural Cause Probably

Angina Pectoris

Date of Onset  
IMPORTANT

Jan 16 1938

Contributory causes of importance not related to principal cause:

Name of operation..... Date of.....  
What test confirmed diagnosis? histology Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B. Barker

(Signed) M. D.

(Address) Winthrop Board of Health Date Jan 17 1938

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Jan 19 1938 19

22 NAME OF  
UNDERTAKER John F. O'Malley

ADDRESS Winthrop

Received and filed..... 19.....

JAN 19 1938

(Registrar)



To be complete, an occupation return must state:

8.—The trade, profession, or occupation in which the work was done.

the decreased followed the occupation.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

CLERK.

diseases.

The principal cause of death and related causes

.....

example happens to be the second cause given.

GOVERNMENT . . .

GEN. LAWS, CHAP. 46, SEC. 9

human body and remove it from a rowl, from o-

If such a permit shall make such certificate.

CENTENARY EDITION.)

and manner of death.—GEN. LAWS, CHAP. 30, 1720

the care of the cemetery of burial.<sup>8</sup>—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.) is made.

The attainment of the purpose of the following rules of practice:

of persons to whom any disease from disease unrelated to any form of injury.

certificate of death is needed

those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

301A

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)



melrose 1/9/38  
The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 9

No. Winthrop Community Hospital St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Baby) Smith (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 457 Main St., Ward, Melrose. (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred - years - months - days. How long in U.S., if of foreign birth? - years - months - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE - Years - Months - Days If less than 1 day 2 Hours - Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

13 NAME OF FATHER Arthur J. Smith

14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Esther C. Monteith

16 BIRTHPLACE OF MOTHER (City) Malden (State or country) Mass.

17 Informant Arthur J. Smith (Address) 457 Main St., Melrose Relation, if any (Father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
W. M. S. Childress  
(Signature of Agent of Board of Health or other Health Officer)  
1/18/38  
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 17, 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1938, to January 17, 1938. I last saw him alive on Jan. 17, 1938, death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Premature infant 5 months. 1/17/38

Contributory causes of importance not related to principal cause: (Nursing). 1/17/38

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or Injury in any way related to occupation of deceased? No

If so, specify Boys. H. Schuch (Signed) M. D. (Address) 19 Main St. S. Date 1/17 1938

21 Holy Cross, Malden Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL January 19, 1938

22 NAME OF UNDERTAKER M. J. Kelly ADDRESS 11 Meridian St., E. 13.

Received and filed. 19

JAN 19 1938 (Registrar)



## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sup- posed age, the disease of which he died, defined as required by this section, where same was contracted, the duration of this last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement con- taining the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as re- quired by law, or in lieu thereof a certificate as hereinafter pro- vided. If there is no attending physician, or if, for sufficient rea- sons, his certificate cannot be obtained early enough for the pur- pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attend- ing physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to an- other within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was re- moved within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sootnet obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall ap- pear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter- sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician cer- tifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TER- CENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the ob- servance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting sepi- cemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, and the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

**Statement of occupation.**—This statement of occupation is very important, so that the relative healthfulness of various pur- suits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from busi- ness, report the occupation prior to retirement. Children not readily employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write "housework." In answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER-PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particu- lar kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such gen- eral terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGI- NEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," etc. Distinguish occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashlenna, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	.....
.....	.....
.....	.....
.....	.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34, No. 2938-f

1

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop C. Hospital

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 10

2 FULL NAME Frank Arigo

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 467 Ferry

(Usual place of abode)

St., Malden

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs.

mos.

3

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE  
MARRIED  
WIDOWED  
or DIVORCED

(write the word)

Male White

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE Years Months 3

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop  
(State or country) Mass

13 NAME OF FATHER Joseph Arigo

14 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

15 MAIDEN NAME OF MOTHER Lena Quattrocchio

16 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)

17

Informant (Address)

Joseph Arigo  
467 Ferry St. Malden

Relation, if any

(father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/30/38

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 15 1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Jan 16 1938, to Jan 15 1938

I last saw him alive on Jan 15 1938, death is said

to have occurred on the date stated above, at 2.15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset  
IMPORTANT

congenital Syphilis Jan 16-38

Contributory causes of importance not related to principal cause:

convulsions. Jan 16-38

Name of operation Rosemary of mother Date of operation Jan 16 1938

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Smully M. D.

(Address) Rom. mas Date Jan 20 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Malden

DATE OF BURIAL Jan 21 1938

22 NAME OF UNDERTAKER Frederick C. Grosso

ADDRESS 368 Main St. Everett

Received and filed JAN 21 1938 19

(Registrar)

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or from one cemetery, until he has received a permit from the board of health or its agent abroad or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectia, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectia shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counterseal it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Veterinary Edition).*

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

## Example

Statement of cause of death, not the mode of dying, e. g., heart or complication which causes death, failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.		Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:		
<i>Arteriosclerosis</i>		1914
<i>Chronic interstitial nephritis</i>		1921
<i>Cerebral hemorrhage</i>		July 5, 1927
Contributory causes of importance not related to principal cause:		

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons **not disabled by recognized disease,** and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-e



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 11

1 PLACE OF DEATH  
Suffolk (County)  
Winthrop (City or Town)  
No. 935 Shirley St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert Kempton Jenner  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)

(a) Residence. No. 935 Shirley St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married  
WIDOWED or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of Rose Ella McFarland  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 81 Years 9 Months 3 Days If less than 1 day  
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repairman  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elevated railroad  
10 Date deceased last worked at this occupation (month and year) Dec. 1935 Total time (years) spent in this occupation 37

12 BIRTHPLACE (City) Roxbury (State or country) Massachusetts

13 NAME OF FATHER Robert Kempton Jenner

14 BIRTHPLACE OF FATHER (City) England (State or country)

15 MAIDEN NAME OF MOTHER Safronia Miller

16 BIRTHPLACE OF MOTHER (City) Yarmouth (State or country) Maine

17 Informant Mrs. Rose E. Jenner (wife) (Address) 935 Shirley St Winthrop Mass Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other Health Officer 4/20/38  
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 18 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 3 1938, to Jan 15 1938  
I last saw him alive on Jan 15 1938, death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

exhaustion of liver Nov 1937

Contributory causes of importance not related to principal cause:

Uremic coma Jan 16 38

Name of operation Date of What test confirmed diagnosis? X-ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Edward J. Bradley, M. D. (Address) 12 Shirley St. Boston Date Jan 14 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Bradley Maine (Cemetery) (City or town)

DATE OF BURIAL January 21, 1938

22 NAME OF UNDERTAKER Charles R. Bennison Winthrop Mass ADDRESS

Received and filed. 19

A TRUE COPY, ATTEST:

(Registrar)

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

*Gen. Laws, Chap. 46, Sec. 9.*

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write *housework* in answer to Question 8 and, *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement "but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes name any important morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example		Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:		1915
<i>Arteriosclerosis</i>		1921
<i>Chronic interstitial nephritis</i>		July 5, 1927
<i>Cerebral hemorrhage</i>		
Contributory causes of importance not related to principal cause:		

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness, or persons unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31, No. 3385-g



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHChelsea  
(City or town making return)

Registered No. 12

1 PLACE OF DEATH  
Suffolk (County)  
Chelsea (City or Town)  
No. U. S. Marine Hosp. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eben Horton  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. 85 Herman St. St. Ward Winthrop, Mass.  
(Usual place of abode)  
(If nonresident, give city or town and state)  
Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 days. How long in U. S., if of foreign birth? 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX Male	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married
5a If married, widowed, or divorced HUSBAND of Bertha Magnussen (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 IF STILLBORN, enter that fact here.		
7 AGE 54 Years 8 Months 13 Days If less than 1 day Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custom Guard	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coast Guard	
10 Date deceased last worked at this occupation (month and year) January 13, 1938		11 Total time (years) spent in this occupation
12 BIRTHPLACE (City) (State or country) Guysboro, N. S.		
PARENTS	13 NAME OF FATHER David	
	14 BIRTHPLACE OF FATHER (City) (State or country) Guysboro, N. S.	
	15 MAIDEN NAME OF MOTHER Rebecca Jones	
	16 BIRTHPLACE OF MOTHER (City) (State or country) Guysboro, N. S.	
17 Informant Deceased (Address)		

A TRUE COPY.

ATTEST: Mary E. Regan  
(Registrar of city or town where death occurred)

DATE FILED Clerk Jan. 24, 1938

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH	January 23, 1938 (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from January 17, 1938 to January 23, 1938. I last saw him alive on January 23, 1938, death is said to have occurred on the date stated above, at 4 A. M. The principal cause of death and related causes of importance in order of onset were as follows: Pneumonia, lobar left (Pneumococcus type 1) 1-13-38 Date of onset	
Contributory causes of importance not related to principal cause:	
Name of operation Date of	
What test confirmed diagnosis? X-ray Was there an autopsy? NO.	
20 Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) R. Mitchell, M. D. (Address) U. S. Marine Hosp. Date 1/23 1938	
21 PLACE OF BURIAL, CREMATION OR REMOVAL Forrest Hills, Boston (Cemetery) (City or town)	
DATE OF BURIAL January 26, 1938 19	
22 NAME OF UNDERTAKER William F. Spencer ADDRESS 408 Broadway Boston	
Received and filed January 24, 1938 19 Richard G. Cook (Registrar of City or Town where deceased resided)	





N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

00m 11 36 No. 9080 F

PLACE OF DEATH

1

SUFFOLK  
(County)

WINTHROP  
(City or Town)



2/9/38 notified 12/10/38  
The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

15

No. Station Hospital, Fort Banks, Mass. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ROSE MARY SHORE

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. Fort Devens 11 Mill St. Ward. (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) -

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

Stillborn

7 AGE Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Infant

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop, Mass. (State or country)

13 NAME OF FATHER

Marshall Ray Shore

14 BIRTHPLACE OF FATHER (City)

Yadkinville, North Carolina

(State or country)

15 MAIDEN NAME OF MOTHER

Renee Cecile Basque

16 BIRTHPLACE OF MOTHER (City)

Fitchburg, Mass.

(State or country)

17 Registrar, Sta. Hosp Ft. Banks, Mass. (Address) Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 24 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19-- to 19--

I last saw h. alive on Stillborn Jan. 24/38, death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Breech presentation

Date of Onset  
IMPORTANT

Contributory causes of importance not related to principal cause:

None

Name of operation None Date of What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. H. Capt. MC M. D.

(Address) Fort Banks, Mass. Date 19--

21 Place of Burial, Cremation or Removal Fort Devens, Mass. (City or Town)

DATE OF BURIAL Jan. 25 1938

22 NAME OF UNDERTAKER Father

ADDRESS Ft. Co. 66. Ft. Devens

Received and filed JAN 26 1938 19--

(Registrar)

# RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.** Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement or at home. For a family employed may be returned as at school or at home. For a woman whose only occupation was that of house housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Point out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store factory, mill, etc. as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MIXING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a clerk.

**Statement of Cause of Death.** Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

## Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . CHAP. 114, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker, or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent above-said, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law of an original indentment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt upon such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERRENTARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . CHAP. 114, SEC. 38, G. L.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERRENTARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by Traumatism (including resulting septi-cemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34. No. 2038-g

1 PLACE OF DEATH

Supple  
(County)  
Winthrop  
(City or Town)

No. 444 Winthrop St

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 14

2 FULL NAME

Martha Annie Goodell Smith

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

444 Winthrop St. Winthrop

St. Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 4 days. How long in U. S., if of foreign birth? 80 yrs. 4 mos. 4 days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED  
WIDOWED  
or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 93 Years 1 Months 14 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10 Date deceased last worked at this occupation (month and year)

May 1925

11 Total time (years) spent in this occupation 60

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF FATHER

Henry Hunt

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

King

16 BIRTHPLACE OF MOTHER (City)

(State or country)

England

17

Informant (Address)

Mr. Frederick D. Goodall (son)  
444 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers  
(Signature of Agent of Board of Health or other)

(Official Designation)

Jan. 28/38  
(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial  
permit with Board of  
Health or its Agent.

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan - 25 - 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fractured Right Femur  
Senility: Bronchopneumonia

Fell accidentally in her home  
on Nov-28-1937

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed) Mr. F. Goodall

(Address) Boston Date Jan-25-1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Winthrop  
(Cemetery) (City or town)

DATE OF BURIAL

Jan. 29th 1938

22 NAME OF UNDERTAKER

George P. Merwin

ADDRESS

305 Essex St. Revere, Mass.

Received and filed 19

FEB 1 1938 (Registrar)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 43, G. L. (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . — *Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . — *General Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

**RULES OF PRACTICE**

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

**STATEMENT OF CAUSE OF DEATH**

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)**.....

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-e

Suffolk

(County)

Winthrop

(City or Town)

No. 26 Plummer Avenue

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 15

2 FULL NAME James Reid

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 26 Plummer Avenue

St., Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced Mary Handsford HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 84 Years 11 Months 14 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boatbuilder 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard

10 Date deceased last worked at this occupation (month and year) January 1935 11 Total time (years) spent in this occupation 2

12 BIRTHPLACE (City) Hands Harbor (State or country) Newfoundland

13 NAME OF FATHER James Reid

14 BIRTHPLACE OF FATHER (City) Hands Harbor (State or country) Newfoundland

15 MAIDEN NAME OF MOTHER Diana King

16 BIRTHPLACE OF MOTHER (City) Hands Harbor (State or country) Newfoundland

17 Informant Willis J Reid (Address) 35 Marshall St Winthrop Mass Relation, if any Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) W. H. Childers (Official Designation) 119 (Date of Issue of Permit) Jan - 28/38

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

(City or town making return)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 26 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Aug 4 1924, to Jan 26 1938

I last saw him alive on Jan 25 1937, death is said to have occurred on the date stated above, at 6:50 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis Aug 4 1924

Contributory causes of importance not related to principal cause:

Name of operation None Date of What test confirmed diagnosis Proved Abs. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B. Parker (Signed) (Address) Winthrop Mass Date Jan 27 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL January 29 1938

22 NAME OF UNDERTAKER Richard H. White ADDRESS 147 Winthrop St Winthrop Mass

Received and filed 19

A TRUE COPY, ATTEST: FEB 1 1938 Registrar

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cottonmill*, etc.

blesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions if any, related to the principal cause, and any important complications if any, related to the principal cause. Under contributory causes of importance to the principal cause, name other important diseases, related to principal cause, under contributory diseases.

Statement of cause of death.—Cause of death means the disease or complication which causes death, not the mode of dying, <i>e. g.</i> , heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name all earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.	
Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Aortic sclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above examples happens to be the second cause given.

# GOVERNING THE

Gen. Laws, Chap. 46, Sec. 9

(Tercentenary Edition.)

of death.—*Gen. Laws, Chap. 38, Sec. 1.*

## RULES OF PRACTICE

of the following rules of practice:

those of persons to whom they are related to any form of injury.

death is needed.

and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-5

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH



(City or town making return)

Registered No. **16**

1 PLACE OF DEATH  
Suffolk (County)  
Winthrop (City or Town)  
No. Winthrop Community Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Grace E. Sinclair  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 6 Orlando Ave., St. Ward,  
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 39 Years 2 Months 22 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Concert

10 Date deceased last worked at this occupation (month and year) 1936 11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) New City (State or country) Penn.

13 NAME OF FATHER Ernest Sinclair

14 BIRTHPLACE OF FATHER (City) Holtcn (State or country) Maine

15 MAIDEN NAME OF MOTHER Margaret Murphy

16 BIRTHPLACE OF MOTHER (City) Pittsburgh (State or country) Penn.

17 Informant Mrs. Margaret M. Sinclair (Mother) (Address) 6 Orlando Ave., Winthrop Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Wm D Childress  
(Official Designation) 1st Lt. (Date of Issue of Permit) Jan 28 1938

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 26 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 19 1938, to Jan 26 1938. I last saw him alive on Jan 26 1938, death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Peritonitis Acute  
Feb 19 1938

Date of Onset 1/19.

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 4/6

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) E. Brown (Address) 30 Crescent St. Date 1/27 1938 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cambridge (Cemetery) (City or town)

DATE OF BURIAL Jan. 29, 1938 19

22 NAME OF UNDERTAKER Richard H. White ADDRESS 147 Winthrop St., Winthrop, Mass.

Received and filed 1938 19

A TRUE COPY, ATTEST:

(Registrar)





N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-9

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	STANDARD CERTIFICATE OF DEATH		Registered No. 17	
2 FULL NAME Rose Monaghan (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. 256 Acacia St., Ward, 1 (Usual place of abode)		(If nonresident, give city or town and state)		Revere	
Length of residence in city or town where death occurred yrs. mos. days.		How long in U. S., if of foreign birth? 45 yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single	(write the word)		
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 55 Years 1 Months 8 Days If less than 1 day Hours Minutes					
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing			
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home			
		10 Date deceased last worked at this occupation (month and year) 1/30		11 Total time (years) spent in this occupation 30	
12 BIRTHPLACE (City) Ireland (State or country)					
13 NAME OF FATHER George Monaghan					
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)					
15 MAIDEN NAME OF MOTHER Maura Burnes					
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)					
17 Informant John J. Burnes (Cousin) (Address) 5201 Minerva Ave St. Louis Mo. I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) H. D. Jan. 28/38 (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH January 26, 1938 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from April 12, 1936, to January 26, 1938 I last saw her alive on January 26, 1938, death is said to have occurred on the date stated above, at 6:00 p.m. The principal cause of death and related causes of importance in order of onset were as follows: Hypertensive Hemorrhage cerebral hemorrhage Hypertension Atherosclerosis Contributory causes of importance not related to principal cause: Hypertensive Heart Disease Name of operation None Date of What test confirmed diagnosis? Was there an autopsy? No					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) J. J. Collins M. D. (Address) Revere Mass Date 1-26-1938					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery, Malden (City or town)					
DATE OF BURIAL January 30, 1938					
22 NAME OF UNDERTAKER Michael J. Corcella ADDRESS 10 So. Berwick St. Boston					
Received and filed 19 FEB 1 1938 (Registrar)					

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death....  
*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal exam as required by section ten of chapter forty-six, that the deceased was in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45 G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....  
*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....  
*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposable due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faultily employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer." Do not make a precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
.....	1915
Atherosclerosis	1921
Chronic interstitial nephritis	
Cerebral hemorrhage	July 5, 1927
.....	
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

R-301A

100m 11 '16, No 9080 F

1		PLACE OF DEATH		Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filled for burial permit with Board of Health or its Agent.	
1		Mass (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 18			
No.		94 Washington Av.		St.,		Ward		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Karl Goetz						{ (If U. S. War Veteran specify WAR)	
(a) Residence. No.		94 Washington Av.		St.,		Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		46 years		months		days.		How long in U.S., if of foreign birth? 46 years months days.	
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		(write the word)			
Male		White		Married					
6a If married, widowed, or divorced		HUSBAND of		Elizabeth Krauss		(Give maiden name of wife in full)			
(or) WIFE of				(Husband's name in full)					
6 IF STILLBORN, enter that fact here.									
7 AGE		60		Years		Months		Days	
								If less than 1 day Hours Minutes	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Baker							
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Bakery prop.							
10 Date deceased last worked at this occupation (month and year)		June 1937		11 Total time (years) spent in this occupation.		40			
12 BIRTHPLACE (City)		(State or country)		Germany					
13 NAME OF FATHER		Karl Goetz							
14 BIRTHPLACE OF FATHER (City)		(State or country)		Germany					
15 MAIDEN NAME OF MOTHER		Elizabeth Kramer							
16 BIRTHPLACE OF MOTHER (City)		(State or country)		Germany					
17 Informant (Address)		Mrs. Elizabeth Goetz (wife)		94 Washington Av., Winthrop		Relation, if any			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:									
(Signature of Agent of Board of Health or other)									
(Official Designation)									
(Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH		January 29 1938		(Month)		(Day)		(Year)	
19 I HEREBY CERTIFY, That I attended deceased from		July 15, 1937, to January 29, 1938							
I last saw him alive on		January 28, 1938							
to have occurred on the date stated above, at		1845 m.							
The principal cause of death and related causes of importance in order of onset were as follows:									
		Chronic Endocarditis		Hypertension		Chronic interstitial nephritis		Date of Onset IMPORTANT 1930 1937 Nov 6, 1937	
Contributory causes of importance not related to principal cause:									
Name of operation		None		Data of					
What test confirmed diagnosis		Clinical Signs		Was there an autopsy?		No			
20 Was disease or injury in any way related to occupation of deceased?		No							
If so, specify		Daniel J. O'Brien		(Signed)				M. D.	
(Address)		78 Washington St., Boston		(Address)				Date Jan 31, 1938	
21 Mt. Hope, Boston		Place of Burial, Cremation or Removal (City or Town)							
DATE OF BURIAL		February 1, 1938						19	
22 NAME OF UNDERTAKER		P. D. Kirby Boston							
ADDRESS		Metropolitan Funeral Service							
Recalvad and filed								19	
								FEB 1 1938 (Registrar)	

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given prior to death, on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. (Children not satisfactorily employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK, in answer to (Question 8 and OWNS HOME, in answer to (Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. Similar kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MARINE ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death, as related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

## RETURN OF CERTIFICATES OF DEATH

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sup- ported age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. —GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement con- taining the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as re- quired by law, or in lieu thereof a certificate as hereinafter pro- vided. If there is no attending physician, or if, for sufficient rea- sons, his certificate cannot be obtained early enough for the pur- pose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attend- ing physician, such certificate. If such a permit for the removal of a human body, not previously interred, from one town to an- other, within the commonwealth cannot be obtained early enough for the purpose the certificate of death made as above provided for in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was re- moved within thirty-six hours after such removal, unless a permit in life burial form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall ap- pear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter- sign it and transmit it to the clerk of the town for registration. If the person to whom the permit is so given and the physician cer- tifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —CHAP. 114, SEC. 45; G. L. (TER- CENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —GEN. LAWS, CHAP. 38, SEC. 6.

.....If shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. —CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the ob- servance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by Traumatism (including resulting senti- mental), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.



information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-e

PLACE OF DEATH		The Commonwealth of Massachusetts		Wentworth	
(County)		OFFICE OF THE SECRETARY		(City or town making return)	
STANDARD		DIVISION OF VITAL STATISTICS		Registered No. 19	
CERTIFICATE OF DEATH					
1	No. <u>Wentworth</u>	Ward {	(If death occurred in a hospital or institution, give its NAME instead of street and number)		
2	FULL NAME <u>Baby Ford</u>	(If deceased is a married, widowed or divorced woman, give also maiden name.)			
(a)	Residence. No. <u>26 Atlantic</u>	City or town <u>Wentworth</u> State <u>Mass</u>			
Length of residence in city or town where death occurred <u>X</u> yrs. <u>X</u> mos. <u>X</u> days. How long in U. S., if of foreign birth? <u>X</u> yrs. <u>X</u> mos. <u>X</u> days.					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED <u>Single</u>	(Write the word)		
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)					
(or) WIFE of _____ (Husband's name in full)					
6 IF STILLBORN, enter that fact here. <u>Stillborn</u>					
7 AGE <u>X</u> Years <u>X</u> Months <u>X</u> Days	If less than 1 day <u>X</u> Hours <u>X</u> Minutes				
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10 Date deceased last worked at this occupation (month and year)	11 Total time (years) spent in this occupation				
12 BIRTHPLACE (City) (State or country)	<u>Wentworth, Mass</u>				
13 NAME OF FATHER <u>Orville J. Ford</u>					
14 BIRTHPLACE OF FATHER (City) (State or country)	<u>Wentworth, Mass</u>				
15 MAIDEN NAME OF MOTHER <u>Helen M. Bragg</u>					
16 BIRTHPLACE OF MOTHER (City) (State or country)	<u>Dorchester, Mass</u>				
17 Informant (Address) <u>Fraser Orville Ford</u>	Relation, if any <u>son</u>				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
<u>Wm D. Childress</u> (Signature of Agent of Health or other)					
<u>Feb 11 1938</u> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>Jan 29 1938</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.					
I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance in order of onset were as follows:					
<u>Stillborn</u>					
<u>7 months</u>					
Contributory causes of importance not related to principal cause:					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>Obviate</u> Was there an autopsy? <u>no</u>					
20 Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____ (Signed) _____ M. D.					
(Address) <u>Wentworth, Mass</u> Date <u>1/31 1938</u>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Wentworth, Mass</u> (Cemetery) (City or town)					
DATE OF BURIAL <u>Feb 12 1938</u> 19____					
22 NAME OF UNDERTAKER <u>O. R. Garrison</u>					
ADDRESS <u>Wentworth, Mass</u>					
Received and filed _____ 19____					
<u>FEB 1 1938</u>					
A TRUE COPY, ATTEST: (Registrar)					

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from the board of health in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by or by the selectmen for the attending shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall not previously interfere. If such a permit for the removal of a human body, make such certificate. If from one town to another within the commonwealth cannot be obtained early and in the possession of the undertaker of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit, and certificate, shall forthwith constitute it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance, whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asbestia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

## Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 36 No. 9080 F

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1 PLACE OF DEATH Winthrop (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 2378	
No. 100 Terrace Av.		St., Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Irene A. Tucker (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran specify WAR)		20	
(a) Residence. No. 100 Terrace Av. (Usual place of abode)		St., Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 30 years		months		days. How long in U.S., if of foreign birth? years months days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female		4 COLOR OR RACE White		5 SINGLE MARRIED WIDOWED or DIVORCED Married	
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Lewis G.H. Tucker (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 56		Years Months Days		If less than 1 day Hours Minutes	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Housewife			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		At Home			
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation 30			
12 BIRTHPLACE (City, State or country)		New York, N.Y.			
13 NAME OF FATHER		John A. Thompson			
14 BIRTHPLACE OF FATHER (City, State or country)		New York, N.Y.			
15 MAIDEN NAME OF MOTHER		Margaret Keeley			
16 BIRTHPLACE OF MOTHER (City, State or country)		New York, New York			
17 Informant (Address)		Lewis G.H. Tucker (husband) 100 Terrace Av., Winthrop			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 2/3/38					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH February 1 - 1938 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from May 1 - 1935 to January 31, 1938. I last saw him alive on January 31, 1938, death is said to have occurred on the date stated above, at 10:20 P.M. The principal cause of death and related causes of importance in order of onset were as follows: Adeno - Carcinoma of the Stomach with Metastases. (metastatic)					
Contributory causes of importance not related to principal cause:					
Name of operation Exploratory Laparotomy Date of May 12, 1935 What test confirmed diagnosis? Biopsy Was there an autopsy? No					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify Edw. J. Pranger (Signed) 200 Washington St. (Address) Date Feb 3, 1938 M. D.					
21 Winthrop, Winthrop Place of Burial, (Cremation or Removal) (City or Town) DATE OF BURIAL February 4, 1938 19					
22 NAME OF UNDERTAKER O. Kirby Boston ADDRESS Metropolitan Funeral Service					
Received and filed... 1938 (Registrar)					

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. (Children not carefully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same has contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, Chap. 46, Sec. 9

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent as aforesaid from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such permit agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be obtained, and recorded, which shall be accompanied in case of an original herein, by a satisfactory certificate of the attending physician if any, as provided by law, or in lieu thereof a certificate as hereafter prescribed. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been so obtained hereunder. If the death certificate contains a retical as so retained by section ten of Chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, Sec. 45, G. L. (EXERCISENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, Sec. 6. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—CHAP. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, Sec. 46, G. L. (EXERCISENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**



N. B.—WRITE PLAINLY, WITH CARE. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2038-e. 19 Rev request from Sec. Office

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



STANDARD  
CERTIFICATE OF DEATH

(City or town making return)

Registered No. ....

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)  
No. 19 Villa Avenue

St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary (Ide) Phinney  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran,  
specify WAR) 21

(a) Residence. No. 19 Villa Avenue  
(Usual place of abode) St. Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED Widowed  
WIDOWED or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Alfred Phinney  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years 10 Months 28 Days If less than 1 day  
Hours Minutes

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. House work  
9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc. Own home  
10 Date deceased last worked at  
this occupation (month and year) Jan. 1938  
11 Total time (years)  
spent in this occupation.

12 BIRTHPLACE (City)  
(State or country) Brooklyn  
New York

13 NAME OF FATHER Edwin Ide

14 BIRTHPLACE OF FATHER (City)  
(State or country) Wrentham  
Massachusetts

15 MAIDEN NAME OF MOTHER Abial V. Pond

16 BIRTHPLACE OF MOTHER (City)  
(State or country) Pondville-Norfolk  
Massachusetts

17 Informant Alice Phinney (daughter)  
(Address) 19 Villa Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 2 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
April 1, 1937, to Feb 2, 1938  
I last saw him alive on Feb 2, 1938, death is said  
to have occurred on the date stated above, at 11:50 P.M.  
The principal cause of death and related causes of importance in order of onset  
were as follows:

Date of Onset

Carcinoma of Bladder April 1, 1937

Contributory causes of importance not related to principal cause:

Name of operation Radical ureth Date of April 7, 1938  
What test confirmed diagnosis? Biopsy Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Raymond B. Parker, M. D.  
(Address) Winthrop Mass Date 2/4 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Center Wrentham Mass  
(Cemetery) (City or town)

DATE OF BURIAL February 5, 1938

22 NAME OF UNDERTAKER Charles R. Bennison  
ADDRESS Winthrop Mass

Received and filed Feb 1 1938 19

A TRUE COPY, ATTEST:

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*: heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permit, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.... *Chap. 114, Sec. 45, G. L., (Trenton Edition).***

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*  
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., (Trenton Edition).*

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12-25 No. 6156F

PLACE OF DEATH

1

Suffolk  
(County)

Winthrop  
(City or Town)

No. 24 Underhill Street, Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Howard Gould

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

24 Underhill Street St.

Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED widowed (write the word)

5a If married, widowed, or divorced HUSBAND of Lena M. Burbee (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 10 Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Actor 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 1937 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) Minneapolis Minn (State or country)

13 NAME OF FATHER Hiram W. Gould

14 BIRTHPLACE OF FATHER (City) Portland Me. (State or country)

15 MAIDEN NAME OF MOTHER Elizabeth I. Libby

16 BIRTHPLACE OF MOTHER (City) Portland Me. (State or country)

17 Informant Harold I. Gould (Address) 17 Lakeville Place N.Y. Relation, if any Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



STANDARD  
CERTIFICATE OF DEATH

Registered No.

(If U. S. War Veteran specify WAR)

22

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 3 1938 (Month) (Day) (Year)

19, I HEREBY CERTIFY, That I attended deceased from January 10 1938 to February 3 1938. I last saw him alive on February 2 1938, death is said to have occurred on the date stated above, at 1:29 p.m. The principal cause of death and related causes of importance in order of onset were as follows:

Acute Coronary Thrombosis 1938  
Contributory causes of importance not related to principal cause: Atherosclerosis 1937  
Bronchial asthma 1937

Name of operation None Date of What test confirmed diagnosis Clinical Lab Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? If so, specify Jacob Abrams M. D. (Signed) 362 Bayley St. (Address) Winthrop Mass Date 2/2/38

21 Forest Hills Crematory Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Feb 4 1938 19

22 NAME OF UNDERTAKER J. J. Maxman Corp. ADDRESS Boston

Received and filed 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of complication not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arterioscleritis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the state of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desisting to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposed due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B. - WRITE CAREFULLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

00m 11 '36. No. 9080 F

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Station Hospital, Fort Banks, Mass. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CECILIA CLARE WELCH

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 431 Thames St., New Port, RI St., Ward, (If U. S. War Veteran specify WAR) 23

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED married (write the word) WIDOWED or DIVORCED

5a If married, widowed, or divorced

HUSBAND of Sgt. Edward T. Welch, G. Co. 13th Inf. (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 21 Years 8 Months 26 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Fall River (State or country) Massachusetts

13 NAME OF FATHER (Step father) Terry Madden

14 BIRTHPLACE OF FATHER (City) Unknown (State or country) Unknown

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Unknown (State or country) Unknown

17 Informant Sgt. Edward T. Welch (Address) Co. H, 13th Inf, Ft Adams, RI Relation, if any (Husband)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/6/38 (Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

Registered No.

(If U. S. War Veteran specify WAR) 23

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 5, 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1938, to February 5, 1938.

I last saw her alive on February 5, 1938, death is said to have occurred on the date stated above, at 1:10 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

1. Carbuncle, acute, severe, left scapular region Jan 23/38  
2. Bronchopneumonia, acute, severe, involving all lobes, right lung, Type IV Jan 30/38

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? No Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Charles H. McLaughlin (Signed) Charles H. McLaughlin, M.D. (Address) Station Hospital, Ft Banks, Mass. Date 2/6/38

21 Place of Burial, Cremation or Removal New Port, R.I. (City or Town)

DATE OF BURIAL February 8, 1938

22 NAME OF UNDERTAKER C. R. Bennison, 170 Winthrop ADDRESS St. Winthrop, Mass.

Received and filed February 14, 1938 19

(Registrar)

**Statement of occupation.** Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write in answer to Question 8 and 9: HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINSTER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MASON, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of Onset
<b>The principal cause of death and related causes of importance in order of onset were as follows:</b>	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes of importance not related to principal cause:</b>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the title of his death. —GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided, and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION).

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a designation as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. —CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease as related to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **unavoidable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 '46, No. 9080 F

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. II Adams St. Winthrop



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 21

2 FULL NAME Rufus West

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. II Adams St. Winthrop Mass.

(Usual place of abode)

St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 17 years months days. How long in U.S., if of foreign birth? 50 years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

6a If married, widowed, or divorced HUSBAND of Cora H. Roberson West (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 86 Years 1 Months 2 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Market

10 Date deceased last worked at this occupation (month and year) 1928 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Del Haven (State or country) Nova Scotia

13 NAME OF FATHER El jah West

14 BIRTHPLACE OF FATHER (City) Del Haven (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Harriett Rand

16 BIRTHPLACE OF MOTHER (City) Del Haven (State or country) Nova Scotia

17 Isac B. Robinson (Relation, if any Nephew) Informant (Address) II Adams St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer) 2/9/38 (Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 7 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 9, 1928, to February 7, 1938. I last saw him alive on February 7, 1938, death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage Jan 1838

Contributory causes of importance not related to principal cause:

Arteriosclerosis 1935 Senility 1937

Name of operation none Date of What test confirmed diagnosis Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Jacob Phares M. D. (Address) 362 Stanley St. Boston Mass. Date 2/9/38

21 Ceder Grove Boston Mass Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Feb 9 1938 19

22 NAME OF UNDERTAKER Richard H. White ADDRESS 147 Winthrop St. Winthrop

Received and filed. 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write to housework. For a person engaged in domestic service for wages, (Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

<b>Example</b>	
<b>The principal cause of death and related causes of importance in order of onset were as follows:</b>	<b>Date of Onset</b>
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1921
<b>Contributory causes of importance not related to principal cause:</b>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

## RETURN OF CERTIFICATE OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been received and obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.  
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12-35. No. 61561

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



To be filled for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. **25**

PLACE OF DEATH

1

Suffolk  
(County)

Winthrop  
(City or Town)

No. **463 Winthrop St** St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Daniel Joseph Danahy**  
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran specify WAR)

(a) Residence. No. **463 Winthrop St** St., Ward,  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED or DIVORCED **Widowed** (write the word)

6a If married, widowed, or divorced HUSBAND of **Catherine O'Connor**  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **76** Years.....Months.....Days If less than 1 day  
Hours.....Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired**  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Teamster**  
10 Date deceased last worked at this occupation (month and year) **Feb 7, 1938** 11 Total time (years) spent in this occupation **35**

12 BIRTHPLACE (City) **Neponset**  
(State or country) **Mass**

13 NAME OF FATHER **Daniel Danahy**

14 BIRTHPLACE OF FATHER (City) **Ireland**  
(State or country)

15 MAIDEN NAME OF MOTHER **Mary Toomey**

16 BIRTHPLACE OF MOTHER (City) **Ireland**  
(State or country)

17 Informant **Mary Danahy** (Daughter)  
(Address) **463 Winthrop St**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

**Wm. S. Childress**  
(Signature of Agent of Board of Health or other)  
Health Officer (Official Designation) **2/10/38** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Feb. 8, 1938**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **May 16, 1937, Feb. 8, 1938**

I last saw him alive on **Feb. 7, 1938**, death is said to have occurred on the date stated above, at **3:45 p.m.**

The principal cause of death and related causes of importance in order of onset were as follows:

**arteriosclerosis**  
**chronic myocarditis**  
**chronic nephritis**  
Date of Onset **1934**  
**1934**  
**1933**

Contributory causes of importance not related to principal cause:

Name of operation **Mary** Date of **clinical**  
What test confirmed diagnosis? **clinical** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **Syphilis**  
(Signed) **Sybil G. Dickinson** M. D.  
(Address) **Winthrop Mass** Date **Feb 10, 1938**

21 **Calvary** **Boston**  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Feb 11, 1938** 19

22 NAME OF UNDERTAKER **John F. O'Malley**

ADDRESS **Winthrop**

Received and filed **Feb 11, 1938** 19

(Registrar)

## RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be return as at school, or at home. For a woman who only occupied in domestic service for wages, write in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	.....
.....	.....
.....	.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or if he has received from a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in the case of a removal, by a satisfactory certificate of the attending physician, or if for sufficient reason, of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, Sec. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-e

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 27 Pleasant Park Road xx		Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 26	
1		2 FULL NAME Leona Dean (Wiley) Moulton (If deceased is a married, widowed or divorced woman, give also maiden name.)										(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 27 Pleasant Park Road xx		Ward, (If nonresident, give city or town and state)											
Length of residence in city or town where death occurred 30 yrs. 6 mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.											
PERSONAL AND STATISTICAL PARTICULARS													
3 SEX Female		4 COLOR OR RACE White		5 SINGLE MARRIED WIDOWED or DIVORCED Married		(write the word)							
5a If married, widowed, or divorced HUSBAND of Clyde D. Moulton (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)													
6 IF STILLBORN, enter that fact here.													
7 AGE 61		Years 8		Months 18		Days If less than 1 day Hours Minutes							
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		House work											
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Own home											
10 Date deceased last worked at this occupation (month and year)		1934		11 Total time (years) spent in this occupation		35							
12 BIRTHPLACE (City) Lovell		(State or country) Maine											
13 NAME OF FATHER Dean W. Wiley		(Address)											
14 BIRTHPLACE OF FATHER (City)		Unable to obtain											
(State or country)													
15 MAIDEN NAME OF MOTHER		Unable to obtain											
16 BIRTHPLACE OF MOTHER (City)		Unable to obtain											
(State or country)													
17 Informant Clyde D. Moulton (husband)		(Address) 27 Pleasant Pk. Rd. Winthrop											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: W. M. D. Childress (Signature of Agent of Board of Health or other) Health Officer 2/12/38 (Official Designation) (Date of Issue of Permit)													
MEDICAL CERTIFICATE OF DEATH													
18 DATE OF DEATH Feb. 10 1938		(Month) (Day) (Year)											
19 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1935, 19 to Feb. 10, 1938 I last saw h. alive on Feb. 10, 1938, death is said to have occurred on the date stated above, at 11:55 P.M. The principal cause of death and related causes of importance in order of onset were as follows: Cerebral hemorrhage Chronic hypertension Contributory causes of importance not related to principal cause: Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 6													
20 Was disease or injury in any way related to occupation of deceased? If so, specify C. D. Moulton M. D. (Signed) (Address) Winthrop, Me. Date 2/11/1938													
21 PLACE OF BURIAL, CREMATION OR REMOVAL East Randolph Vermont (Cemetery) (City or town) DATE OF BURIAL February 14, 1938													
22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass 102													
Received and filed FEB 15 1938 19													
A TRUE COPY, ATTEST: (Registrar)													

# RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this case for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
.....	1915
<i>Arteriosclerosis</i> .....	1921
<i>Chronic interstitial nephritis</i> .....	July 5, 1927
<i>Cerebral hemorrhage</i> .....	
.....	
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

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He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Trenton Edition).*

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- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection, related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B. - WRITE PLAINLY, WITH OMRADING DEPARTMENT. PHYSICIANS should state EXACTLY. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)

No. 457 Shirley



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 27

2 FULL NAME

Susan Flaherty

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

457 Shirley

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran

specify WAR)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED  
Married

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Bernard H. Flaherty

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

81

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

Feb/38

11 Total time (years) spent in this occupation

54

12 BIRTHPLACE (City)

Fitchburg  
Mass

13 NAME OF FATHER

Patrick J. O'Hara

14 BIRTHPLACE OF FATHER (City)

Ireland

15 MAIDEN NAME OF MOTHER

Mary O'Rourke

16 BIRTHPLACE OF MOTHER (City)

Ireland

17

Informant (Address)

Bernard Flaherty  
457 Shirley St. Winthrop

Relation, if any

(Husband)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. J. P. O'Connell  
Health Officer

(Official Designation)

(Date of Issue of Permit)

3/12/38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

2

11

38

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

2-11

1938

to 2-11

1938

I last saw him alive on 2-11, 1938, death is said

to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Angina Pectoris

Date of Onset  
IMPORTANT

2/11/38

Contributory causes of importance not related to principal cause:

General Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Harry W. Atwell

M.D.

(Address)

Winthrop

Date

2/2 1938

21

St Bernard's Fitchburg  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

Feb. 15

1938

22 NAME OF UNDERTAKER

John R. Smith Co

ADDRESS

Water St Fitchburg

Received and filed

19

FEB 14 1938

(Registrar)

**Statement of occupation.**—The true statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sup-  
posed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desisting to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.  
....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46 G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septi-  
cemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-35. No. 6156E

1 PLACE OF DEATH

Suffolk  
County  
Wentworth  
(City or Town)  
Wentworth Community Hook.  
No. St. Ward



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

(City or town making return)  
Registered No. 20

2 FULL NAME

Baby Henry  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 14 Fairview St.  
(Usual place of abode)

Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)  
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 IF STILLBORN, enter that fact here. Stillborn		
7 AGE Years Months Days		If less than 1 day Hours Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None		
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. None		
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation
12 BIRTHPLACE (City) (State or country)		
13 NAME OF FATHER Charles Edward Stevens		
14 BIRTHPLACE OF FATHER (City) (State or country) East Boston Mass.		
15 MAIDEN NAME OF MOTHER Miss Helen West		
16 BIRTHPLACE OF MOTHER (City) (State or country) Marlboro New Hampshire		
17 Informant (Address) Mrs. J. J. Stevens 14 Fairview St. Wentworth		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 19 1938 (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from new 19 to 19 I last saw h alive on 19, death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance in order of onset were as follows: Still born Date of Onset Feb 19/38
Contributory causes of importance not related to principal cause:
Name of operation none Date of What test confirmed diagnosis? Urine Was there an autopsy? No.
20 Was disease or injury in any way related to occupation of deceased? No. If so, specify (Signed) Robert B. Barker M. D. (Address) Wentworth Mass Date Feb 20 1938
21 Place of Burial, Cremation or Removal (City or Town) Wentworth DATE OF BURIAL Feb 21 1938
22 NAME OF UNDERTAKER Frank H. Barr ADDRESS 14 Fairview St. Wentworth
Received and filed MAR 1 1938 (Registrar)
A TRUE COPY ATTEST.





Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Hospital

St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edmund R. Belcher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

570 Pleasant St. Winthrop

(Usual place of abode)

St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 60 years months days.

How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Divorced

6a If married, widowed, or divorced HUSBAND of Not Known (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 60 Years 5 Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. laborer 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street dept. 10 Date deceased last worked at this occupation (month and year) Jan. 1938 11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

13 NAME OF FATHER Franklan Belcher

14 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Mass.

15 MAIDEN NAME OF MOTHER Adelin Shute

16 BIRTHPLACE OF MOTHER (City) Buckston (State or country) Me.

17 Informant Harold Belcher (Address) 15 Ingleside Ave. Winthrop Relation, if any (Nephew)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/23/38

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 29

(If U. S. War Veteran specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 21 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1938, to Feb. 20, 1938. I last saw him alive on Feb. 20, 1938, death is said to have occurred on the date stated above, at 2:55 A.M. The principal cause of death and related causes of importance in order of onset were as follows:

Bronchitis pneumonia 2/17  
Contributory causes of importance not related to principal cause: Bronchitis pneumonia 2/17  
Asthma return

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Date 2/22/38 M. D.

21 Place of Burial, Cremation or Removal (City or Town) Winthrop Winthrop DATE OF BURIAL Feb. 23 1938 19

22 NAME OF UNDERTAKER Address 147 Winthrop St. Winthrop

Received and filed MAR 1 1938 19

(Registrar)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, from the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children for a family employed may be returned as that of home or at home. For a woman whose only occupation was that of housewife, answer to Question 9. For a person engaged in domestic service for wages, answer to Question 9 and own home. In answer to Question 9, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINSTER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "labourer," when a more precise statement of the occupation can be secured. Do not use the word, "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.**—GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent above said or from the clerk of the town where the body is buried.** No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original instrument, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously issued, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.  
 . . . . .He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify by such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **unsuspectably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.



Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1

PLACE OF DEATH

Su Ffork  
(County)  
Winthrop  
(City or Town)  
No. Lincoln - Northrop Community Hall

2

FULL NAME

Antoniietta Boffa  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a)

Residence. No.

188 Broadway  
(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

days

How long in U. S., if of foreign birth?

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE MARRIED WIDOWED OR DIVORCED

Married

(write the word)

5a If married, widowed, or divorced HUSBAND of

Angelo Boffa  
(Give maiden name of wife in full)  
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE

55

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

Feb-8-38

11 Total time (years) spent in this occupation

40

12 BIRTHPLACE (City)

Italy  
(State or country)

13 NAME OF FATHER

Edmund St Maria

14 BIRTHPLACE OF FATHER (City)

Italy  
(State or country)

15 MAIDEN NAME OF MOTHER

MENUELA Guarini

16 BIRTHPLACE OF MOTHER (City)

Italy  
(State or country)

17 Informant (Address)

Angelo Boffa (Husband)  
188 Broadway - Chelsea

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers  
(Signature of Agent of Board of Health or other Health Officer)

3/24/38  
(Date of Issue of Permit)

18 DATE OF DEATH

21

(Month)

22

(Day)

38

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

21

1938

to

21

22

1938

! last saw her alive on

21

1938

death is said to have occurred on the date stated above, at

10 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of Stomach Type T

Contributory causes of importance not related to principal cause:

Anemia

Date of Onset

2/20/38

20 Was disease or injury in any way related to occupation of deceased?

no

If so, specify

anemia, agorized

(Signed)

95 - meridian

Date

2/23

1938

M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL

St Mary Lynn  
(Cemetery) (City or town)

DATE OF BURIAL

Feb 26

1938

22 NAME OF UNDERTAKER

Rinaldo S. Di Iorio

ADDRESS

238 7th St. Chelsea

Received and filed

1938

A TRUE COPY, ATTEST:

1938 (Registrar)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

Chelsea registers  
3/12/38  
(City or town making return)

30

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

(If nonresident, give city or town and state)

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, nor remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent authorized or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a statement by a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counterclaim it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner and cause of the death, which the clerk or registrar may require. *Chap. 114, Sec. 45 G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **suspectably due to injury.** These include not only deaths caused directly or indirectly by traumaticism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term, "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



N. B. - WHITE - Physicians should state EXACTLY. Age should be stated EXACTLY. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1 { Suffolk County Winthrop (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 31	
No. 84 Woodside Ave.		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME Engelborg Olsen nee Engelbretsen		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran specify WAR)	
(a) Residence. No. 84 Woodside Ave.		Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 14 years		months		days. How long in U.S., if of foreign birth? 51 years	
months		days.		months	
days.					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX Female		4 COLOR OR RACE white		5 SINGLE MARRIED (write the word) WIDOWED DIVORCED Married	
5a If married, widowed, or divorced				18 DATE OF DEATH Feb. 25 - 1938	
HUSBAND of (Give maiden name of wife in full)				(Month) (Day) (Year)	
(or) WIFE of John E. Olsen (Husband's name in full)				19 I HEREBY CERTIFY, That I attended deceased from	
6 IF STILLBORN, enter that fact here.				November 16, 1937, to February 25, 1938.	
7 AGE 68 Years 10 Months 25 Days				I last saw her alive on February 25, 1938, death is said	
If less than 1 day				to have occurred on the date stated above, at 7:54 a.m.	
Hours.....Minutes				The principal cause of death and related causes of importance in order of onset	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife				were as follows:	
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.				Sarcoma right humerus 1937.	
10 Date deceased last worked at this occupation (month and year) Oct 24 - 1937				Contributory causes of importance not related to principal cause:	
11 Total time (years) spent in this occupation 47				General parsonatosis 1938	
12 BIRTHPLACE (City) Thunar				Name of operation: none	
(State or country) Norway				Data of: What test confirmed diagnosis: Clinical	
13 NAME OF FATHER Christian Engelbretsen				Was there an autopsy? No	
14 BIRTHPLACE OF FATHER (City) Norway				20 Was disease or injury in any way related to occupation of deceased? No	
(State or country) Norway				If so, specify: Jaeger's Disease	
15 MAIDEN NAME OF MOTHER Anna Can not be found				(Signed) Jaeger's Disease M. D.	
16 BIRTHPLACE OF MOTHER (City) Norway				(Address) 662 Spruce St. Date 2/25/38	
(State or country) Norway				21 Woodlawn	
17 Informant John E. Olsen (husband)				Place of Burial, Cremation or Removal (City or Town)	
(Address) 84 Woodside Ave. Winthrop				DATE OF BURIAL Feb - 27 - 1938	
I HEREBY CERTIFY, that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:				22 NAME OF UNDERTAKER Carl A. Lindquist	
Signature of Agent of Board of Health or other				ADDRESS 11 Irving St. Malden	
Health Officer				Recalvald and filed 19	
(Official Designation)				(Registrar)	
(Date of Issue of Permit) 2/25/38					

# **RETURN OF CERTIFICATES OF DEATH**

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent appointed, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned, and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained fairly enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another, within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker, desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 43, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, or otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, the clerk of the town where the body is to be buried; and the funeral is to be held only upon a permit appointed to have the care of the cemetery burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## **RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed only occupation was that of home housework. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Using again carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINE ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a clerk.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 85 Johnson Ave

St. 5 Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Wood Cartwright (Wood)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 85 Johnson Ave St. 5 Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 43 years 6 months days

How long in U.S., if of foreign birth? 60 years months days

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Jewish 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of J. S. Sheldon Cartwright (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 11 Months 14 Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own House

10 Date deceased last worked at this occupation (month and year) Feb 1938 11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Fredericksburg (State or country) New Brunswick

13 NAME OF FATHER Simon Wood

14 BIRTHPLACE OF FATHER (City) Unknown (State or country)

15 MAIDEN NAME OF MOTHER Thelma J. Van Wart

16 BIRTHPLACE OF MOTHER (City) Fredericksburg (State or country) New Brunswick

17 Informant J. S. Sheldon Cartwright (Husband) (Address) 85 Johnson Ave Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/28/38

 The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS
STANDARD  
CERTIFICATE OF DEATH

Registered No. 32

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 26 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1937, to Feb 26, 1938

I last saw him alive on February 26, 1938, death is said

to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Containing Transfusion Sept 1937

Contributory causes of importance not related to principal cause:

Chronic hypertension period of ten years

Name of operation None Date of What test confirmed diagnosis Low blood pressure Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. H. C. Breen M. D.

(Address) 148 Main St. Haverhill Mass Date Feb 27 1938

21 Linwood Cemetery Haverhill Mass Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL March 1 1938

22 NAME OF UNDERTAKER Earle W. Grafton

ADDRESS 148 Main St. Haverhill Mass

Received and filed 19

(Registrar)

directly or indirectly by trauma (including resulting sexual abuse), drug abuse, alcohol abuse, occupational or environmental chemical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a Corrected copy mailed to Bureau & State House 5/29/38

PLACE OF DEATH

1

No.

(City or Town)

St. Ward

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

33

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

, 19

to

, 19

I last saw him alive on , 19, death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Still birth

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address) 114 Sunday Dr. Boston, Mass. Date 3/1/1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19

22 NAME OF UNDERTAKER

ADDRESS

Received and filed 19

(Registrar)

## RETURN OF CERTIFICATES OF DEATH

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*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, wiring engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

## Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

34

STANDARD  
CERTIFICATE OF DEATH

Registered No. ....

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Anna Belle (Ghen) Brown

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,  
specify WAR)

(a) Residence. No. 114 Hermon St.

(Usual place of abode)

St. .... Ward, ....

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED  
WIDOWED  
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Edward Orlando Brown

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 66

Years 8

Months 4

Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

House work

9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

Own home

10 Date deceased last worked at  
this occupation (month and  
year) 193511 Total time (years)  
spent in this 41  
occupation.

12 BIRTHPLACE (City)

(State or country)

Boston  
Massachusetts13 NAME OF  
FATHER

Frank Ghen

14 BIRTHPLACE OF  
FATHER (City)

(State or country)

Unknown  
Maine15 MAIDEN NAME  
OF MOTHER

Leona Safford

16 BIRTHPLACE OF  
MOTHER (City)

(State or country)

Maine

17

Informant  
(Address)

Edward O. Brown

Relation, if any  
(husband)

114 Hermon St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/1/38

18 DATE OF  
DEATH

Feb.

28

1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Jan 15 1938 to Feb 28 1938

I last saw him alive on Feb 28 1938, death is said

to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance in order of onset  
were as follows:

Date of Onset

Myocarditis  
O. L. Brown

Contributory causes of importance not related to principal cause:

Diabetes - 2 yrs  
Arteriosclerosis

Name of operation

What test confirmed diagnosis? Was there an autopsy? L

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Date 3/1/38

21 PLACE OF BURIAL  
CREMATION OR REMOVAL Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL March 2, 1938

22 NAME OF  
UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 1938

MAR 5

(Registrar)

A TRUE COPY, ATTEST:

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, if provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith concur therein and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*  
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinster, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" to give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and an important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause is the above example happens to be the second cause given.



WRITE IN INK WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be clearly and legibly stated. Exact statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-e

PLACE OF DEATH		Suffolk		Winthrop		Winthrop	
(County)		(City or Town)		(City or town making return)		35	
1		No. 86		Sagamore Ave.		Ward {	
						(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Mary O'Donnell Tolton				(If U. S. War Veteran, specify WAR)	
		(If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No.		86		Sagamore Ave.		St., Ward,	
		(Usual place of abode)				(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		42 yrs.		mos.		days.	
		How long in U. S., if of foreign birth?		yrs.		mos.	
						days.	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE	(write the word)				
Female	White	MARRIED	Widow				
		WIDOWED					
		OR DIVORCED					
5a If married, widowed, or divorced							
HUSBAND of (Give maiden name of wife in full)							
(or) WIFE of (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 AGE 85 Years 5 Months 5 Days If less than 1 day							
AGE 85 Years 5 Months 5 Days Hours Minutes							
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.							
at Home							
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10 Date deceased last worked at this occupation (month and year)							
Dec 24 1937							
11 Total time (years) spent in this occupation							
68							
12 BIRTHPLACE (City) (State or country)							
Scotland							
13 NAME OF FATHER							
John O'Donnell							
14 BIRTHPLACE OF FATHER (City) (State or country)							
Scotland							
15 MAIDEN NAME OF MOTHER							
Mary J. Stuart							
16 BIRTHPLACE OF MOTHER (City) (State or country)							
Scotland							
17 Informant (Address)							
Suffolk, Providence, R.I.							
86 Sagamore Ave. Winthrop, Mass.							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:							
Thos. J. Gulderson Jr.							
(Signature of Agent of Board of Health or other)							
Health Officer							
(Official Designation)							
(Date of Issue of Permit)							
3/1/38							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH February 28 1938							
(Month) (Day) (Year)							
19 I HEREBY CERTIFY That I attended deceased from August 1936, to February 28, 1938.							
I last saw her alive on February 28, 1938, death is said to have occurred on the date stated above, at 9 P.M.							
The principal cause of death and related causes of importance in order of onset were as follows:							
Generalized arteriosclerosis							
Anterior infarct of heart disease							
Probable carcinoma of stomach							
Contributory causes of importance not related to principal cause:							
Name of operation none Date of							
What test confirmed diagnosis? Was there an autopsy? no							
20 Was disease or injury in any way related to occupation of deceased? no							
If so, specify							
(Signed) Arthur C. Murray, M. D.							
(Address) Winthrop, Mass. Date 2/28/1938							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (City or town)							
DATE OF BURIAL March 25 1938 19							
22 NAME OF UNDERTAKER Chas. R. Benner							
ADDRESS							
Received and filed. MAR 5 1938 19							
A TRUE COPY, ATTEST: (Registrar)							

## RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Precis statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, epilepsy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....  
*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the same county, shall not be obtained early enough for the purpose, the certificate of death made as above provided and on the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. This person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*  
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths suppressibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.




MARGIN RESERVED FOR PHYSICIAN'S USE. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-K

1

PLACE OF DEATH

SUFFOLK  
(County)  
BOSTON  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

BOSTON  
(City or town making return)

Registered No. 249

No. Peter Bout Brigham Hosp St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lewis Andrews  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 Charles St., Ward, (If U. S. War Veteran, specify WAR) 36  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Mary (write the word)

5a If married, widowed, or divorced HUSBAND of Sarah Tucker (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years 4 Months 7 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales an  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. fruit store

10 Date deceased last worked at this occupation (month and year) 11/37 11 Total time (years) spent in this occupation 44

12 BIRTHPLACE (City) (State or country) Dickende Mo

PARENTS 13 NAME OF FATHER Charles Andrews  
14 BIRTHPLACE OF FATHER (City) (State or country)  
15 MAIDEN NAME OF MOTHER Stella Childs  
16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant (Address) Mattie M Harris sister

A TRUE COPY. Philip P Conway  
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 1/12/38 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 1/38 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/23/37, 19, to 1/1/38, 19. I last saw him alive on 1/1/38, 19, death is said to have occurred on the date stated above, at m.  
The principal cause of death and related causes of importance in order of onset were as follows:  
cirrhosis of liver type Date of onset 1/37  
Contributory causes of importance not related to principal cause:  
Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?  
20 Was disease or injury in any way related to occupation of deceased?  
If so, specify.  
(Signed) W B Osgood M. D.  
(Address) Peter Bout Brigham H. Date 1/1 1938  
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)  
DATE OF BURIAL 1/11/38 19  
22 NAME OF UNDERTAKER C E Morrison  
ADDRESS Winthrop  
Received and filed 19  
FEB 14 1938  
(Registrar of City or Town where deceased resided)





tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31, No. 3385-R

PLACE OF DEATH

SUFFOLK  
BOSTON (County)

(City or Town)

No Robert Brook Brigham Hosp

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 377

2 FULL NAME Joan Croan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 44 Trident Ave

St., Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Frank Croan

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 41 Years 1 Months 21 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11/37

11 Total time (years) spent in this occupation 13

12 BIRTHPLACE (City)

(State or country)

Phillipsburg Penna

13 NAME OF FATHER

Jacob Snyder

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Mollie Abramson

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

Husband

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

STANDARD  
CERTIFICATE OF DEATHThe Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSUFFOLK  
BOSTON

(City or town making return)

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 377

2 FULL NAME Joan Croan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 44 Trident Ave

St., Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Jan 12/38

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

12/14/37

, 19

to

1/12/38

, 19

I last saw him or alive on 1/12/38, 19

to have occurred on the date stated above, at 5.40p m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

carcinomatosis-metastatic from  
left breast  
broncho pneumonia3 yrs  
1 wk

Contributory causes of importance not related to principal cause:

rheumatoid arthritis - Marie  
Strumpell type  
patent ductus arteriosis

17 yrs

Name of operation surgical abscence left breast Date of 4 yrs  
What test confirmed diagnosis mastectomy left breast was there an autopsy? 7/24/36 yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

R T Phillips

M. D.

(Address)

R B B Hosp

Date

1/13/38

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Orchard Shalom

(City or town)

DATE OF BURIAL

1/14/38

19

22 NAME OF UNDERTAKER

B F Solomon

ADDRESS

Brookline

1/15/38

Received and filed

19

(Registrar of City or Town where deceased resided)





tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-g

PLACE OF DEATH

SUFFOLK  
(County)  
BOSTON

(City or Town)

No. Palmer Memorial Hosp

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 1349

2 FULL NAME

Reville H. Mason

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

33 Orlando Av

St.

Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Marr

5a If married, widowed, or divorced

Emily E Kenney

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

55

Years

7

Months

26

If less than 1 day

Days

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

postal clerk

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

R R Post Office

10 Date deceased last worked at this occupation (month and year)

12/37

11 Total time (years)

spent in this occupation

35

12 BIRTHPLACE (City)

(State or country)

Upton

13 NAME OF FATHER

Herbert E Mason

14 BIRTHPLACE OF FATHER (City)

(State or country)

Upton

15 MAIDEN NAME OF MOTHER

Emma A Mason ok

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Warren R I

17

Informant (Address)

wife

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

2/17/38

19

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH



BOSTON

(City or town making return)

Ward

(If U. S.

War Veteran,

specify WAR)

38

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Feb 26/38

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw him alive on 2/14/38, death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

pancreatitis

5 mo

Contributory causes of importance not related to principal cause:

pneumonia

2 da

Name of operation

What test confirmed diagnosis

Date of

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

A L Davis

Date

19

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Maplewood

(City or town where deceased resided)

DATE OF BURIAL

2/17/38

22 NAME OF UNDERTAKER

ADDRESS

G W Full &amp; Sons

Received and filed

19

(Registrar of City or Town where deceased resided)





<p>1 PLACE OF DEATH  <b>Suffolk County</b>  <b>Winthrop</b> (City or Town)  <b>Winthrop Community Hospital</b> No. <b>34</b> Ward <b>2</b> (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		<p>2 FULL NAME  <b>Margaret J. Regan</b>                  (If deceased is a married, widowed or divorced woman, give also maiden name)                  (a) Residence No. <b>34 Mendon St.</b> Ward <b>2</b> <b>Boston</b>                  (Usual place of abode) (If nonresident, give city or town and state)                  Length of residence in city or town where death occurred <b>2</b> years <b>7</b> months <b>12</b> days. How long in U.S., if of foreign birth? <b>2</b> years <b>7</b> months <b>12</b> days.</p>		<p>To be filed for burial permit with Board of Health or its Agent.</p> <p>Registered No. <b>39</b></p>	
<p>PERSONAL AND STATISTICAL PARTICULARS</p>				<p>MEDICAL CERTIFICATE OF DEATH</p>	
<p>3 SEX <b>Female</b></p>		<p>4 COLOR OR RACE <b>White</b></p>		<p>5 SINGLE MARRIED WIDOWED OR DIVORCED <b>Single</b> (write the word)</p>	
<p>6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)</p>					
<p>6 IF STILLBORN, enter that fact here.</p>					
<p>7 AGE <b>74</b> Years Months Days If less than 1 day Hours Minutes</p>					
<p>OCCUPATION</p>		<p>8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At home</b></p>			
<p>9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.</p>		<p>10 Date deceased last worked at this occupation (month and year)</p>			
<p>11 Total time (years) spent in this occupation</p>		<p>12 BIRTHPLACE (City) <b>Boston</b> (State or country) <b>Mass</b></p>			
<p>13 NAME OF FATHER <b>Jeremiah Regan</b></p>		<p>14 BIRTHPLACE OF FATHER (City) <b>Ireland</b> (State or country)</p>			
<p>15 MAIDEN NAME OF MOTHER <b>Cannot be learned</b></p>		<p>16 BIRTHPLACE OF MOTHER (City) <b>Ireland</b> (State or country)</p>			
<p>17 Informant (Address) <b>Thomas B. Regan (Nephew)</b> <b>34 Mendon St. Boston</b></p>		<p>18 DATE OF DEATH <b>March 2, 1938</b> (Month) (Day) (Year)</p>			
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  <b>W.M. D. Childress</b> (Signature of Agent of Board of Health or other)  <b>Health Officer</b> (Official Designation) <b>3/4/38</b> (Date of Issue of Permit)</p>					
<p>19 I HEREBY CERTIFY. That I attended deceased from <b>January - 20, 1938</b> to <b>March 2, 1938</b>                  I last saw him alive on <b>March 2, 1938</b>, death is said to have occurred on the date stated above, at <b>4:19 p.m.</b>                  The principal cause of death and related causes of importance in order of onset were as follows:  <b>Arterio-Sclerosis</b>  <b>Broncho-Pneumonia</b>                  Date of Onset <b>years</b>                  Contributory causes of importance not related to principal cause:                  Name of operation <b>0</b> Date of <b>0</b>                  What test confirmed diagnosis? <b>0</b> Was there an autopsy? <b>No</b>                  20 Was disease or injury in any way related to occupation of deceased? <b>No</b>                  If so, specify <b>Edward J. Higgins</b>, M.D.                  (Signed) <b>100 Washington St.</b> (Address) Date <b>Mar 2, 1938</b>                  21 <b>Stalyhard Brookline</b>                  Place of Burial, Cremation or Removal (City or Town)                  DATE OF BURIAL <b>March 4, 1938</b>                  22 NAME OF UNDERTAKER <b>J. J. Ryan &amp; Son</b>                  ADDRESS <b>112 Warren St. Boston</b>                  Received and filed <b>19</b>                  (Registrar)</p>					

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of house work, write "housework." In answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by this section, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desisting to provide, such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.  
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness, from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance of whose physician is absent from home when the occurrence of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **unavoidably due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia, and by the action of chemical (drugs or poisons), thermal or electrical agents and deaths following abortion, but also deaths from **diseases resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.**



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
**STANDARD  
CERTIFICATE OF DEATH**

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **40**

1 PLACE OF DEATH { **Suffolk**  
(County)  
**Winthrop**  
(City or Town)  
No. **Winthrop Com. Hoap** St. **Winthrop** Ward {

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME **Male Le Veille**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)

(a) Residence. No. **105 Cottage St. Winthrop** St. **Winthrop** Ward, **Winthrop**  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)  
**MARRIED**  
**WIDOWED**  
**or DIVORCED**

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. **Stillborn**

7 AGE Years Months Days If less than 1 day  
**2** Hours Minutes

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

10 Date deceased last worked at  
this occupation (month and  
year)

11 Total time (years)  
spent in this  
occupation

12 BIRTHPLACE (City)  
(State or country) **Winthrop**  
**Mass.**

13 NAME OF FATHER **Edward J. Le Veille**

14 BIRTHPLACE OF FATHER (City)  
(State or country) **Salmon**  
**Mass.**

15 MAIDEN NAME OF MOTHER **Hazel S. Vaughan**

16 BIRTHPLACE OF MOTHER (City)  
(State or country) **Everett**  
**Mass.**

17 Informant (Address) **Edward J. Le Veille (Father)**

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) **3/14/38**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **March 3 1938**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
**March 3, 1938**, to **March 3, 1938**  
I last saw him alive on **March 3, 1938**, death is said  
to have occurred on the date stated above, at **1:00 P.M.**

The principal cause of death and related causes of importance in order of onset  
were as follows:

Date of Onset  
**IMPORTANT**

**Cerebrally developed  
in fact.**

Contributory causes of importance not related to principal cause:

**Weight of skull fragments  
in brain.**

Name of operation **Cesarian** Date of **March 3**  
What test confirmed diagnosis **Obvious signs** Was there an autopsy? **no**

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **Normal** (Signed) **Dr. W. B. R. H. D.** M. D.  
(Address) **25 Wash. Ave. Winthrop** date **Mar 11, 1938**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop** **Mass.**  
(Cemetery) (City or town)

DATE OF BURIAL **Mar 14** 19 **38**

22 NAME OF UNDERTAKER **Libby Bros.**  
ADDRESS **East Boston**

Received and filed **19**

(Registrar)

**Statement of occupation.**—Precise statement of occupation, is very important, so that the relative wealthiness of various pursuits may be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease, sending back, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

8.—The trade, profession, or particular kind of work done

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *shipboard engineer*, etc. Avoid the term "laborer" when a more proper designation of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

	Date of onset
<i>Atrial fibrillation</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, fill up and sign a certificate of death, containing the following particulars:—

seen alive by the physician.

Gen. Laws, Chap. 46, Sec. 9.

*Cen. Laws*, § 20; **other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or body or remains of a body from the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or removed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a signed written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an undertaking, by a satisfactory certificate of the attending physician, or, if any, as required by law, or in lieu thereof a certificate of sufficient reasons, his certificate cannot be obtained easily enough for the purpose, or insufficiently a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war, which it has been engaged such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Viceregentary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died of violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

# RULES OF PRACTICE

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. This includes not only deaths caused directly or indirectly by mechanical means (including resulting septicemia) and deaths of chemical (drugs or poisons), thermal, or electrical nature, but also deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING INK, THE PERMANENT RECORD. Every item of information in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-735, No. 6156E

Medford Hospital 4/4/38

1 PLACE OF DEATH  
(County) \_\_\_\_\_  
(City or Town) Winthrop  
No. Community Hospital



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return) \_\_\_\_\_

STANDARD  
CERTIFICATE OF DEATH

Registered No. 41

2 FULL NAME Walter S. Coy  
(If deceased is a married, widowed or divorced woman, give also maiden name) Medford  
(a) Residence. No. 10 Charles, Winthrop St., Winthrop Ward, Community Hospital  
(Usual place of abode) (If nonresident, give city or town and state)  
Length of residence in city or town where death occurred \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. How long in U.S., if of foreign birth? \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE Married (write the word)  
WIDOWED or DIVORCED Married

6a If married, widowed, or divorced Mary Elizabeth Brooks  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of \_\_\_\_\_ (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 1 day  
Hours \_\_\_\_\_ Minutes \_\_\_\_\_

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employed

10 Date deceased last worked at Jan 1938 11 Total time (years) spent in this occupation Life

12 BIRTHPLACE (City) Gagetown (State or country) N.B.

PARENTS

13 NAME OF FATHER James E. Coy

14 BIRTHPLACE OF FATHER (City) Gagetown (State or country) N.B.

15 MAIDEN NAME OF MOTHER Hannah Cowperthwaite

16 BIRTHPLACE OF MOTHER (City) Gagetown (State or country) N.B.

17 Informant Mrs. Walter S. Coy (Relation, if any) (Wife)  
(Address) 61 Forest St Medford

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
(Signature of Agent of Bureau of Health or other) Wm. D. Childress  
(Official Designation) H.S. (Date of Issue of Permit) March 4/38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 3 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 3, 1938, to March 3, 1938  
I last saw him alive on March 3, 1938, death is said to have occurred on the date stated above, at 9:45 a.m.  
The principal cause of death and related causes of importance in order of onset were as follows: Acute Coronary Thrombosis Date of Onset 3/2/38

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis none Was there an autopsy No

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Jacob Abraham M. D.  
(Address) 302 Dudley St Date 3/3/38

21 Oak Grove Medford, Mass  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL March 6th 1938

22 NAME OF UNDERTAKER Grattan  
ADDRESS 49 Dudley St Medford

Received and filed \_\_\_\_\_ 19\_\_\_\_  
A TRUE COPY ATTEST: MAK (Registrar)

Medford Hospital should be Medford  
No. 10 Charles St. Medford  
No. 61 Forest St. Medford  
No. 302 Dudley St. Medford  
No. 49 Dudley St. Medford

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupant has been given up or changed on account of the disease, or is dying, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not formally employed may be regarded as at school, or at home. For a woman who could only be regarded as at home housework, write housework in answer. (Question 8 and own home in answer to Question 9.) For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper, private family cook, hotel, etc. For a person engaged in agriculture, whatever write none.

an individual's occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

the decreased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "engineer" when a more precise statement of the occupation can be "labeled." Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease, or complication with which death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease, as, e. g., pneumonia. As related causes, name earlier morbid conditions, if any related to the principal cause and any important contributors to the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

	Date of Onset
<b>The principal cause of death</b> and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes</b> of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either the first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall notify his will, alter the death of a person whom he has attended during his last illness, or of any member of the family of the deceased, furnish a request of an undertaker or other authorized person for registration of a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, denied as required by subsection one, there same was contracted, the duration of his last illness, when first seen alive by the physician or officer and the date of death.

(GEN. LAWS, CHAP. 46, SEC. 9.)

GEN. LAWS, CHAP. 46, SEC. 9

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or his agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient cause, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board shall, upon application make the certificate, and the board shall sign the same. If death is caused by a disease, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall be returned to the town from which it was received about thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon

person, the receipt of such statement and certificate, shall forthwith constitute a receipt by the clerk of the town for registration, sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk of the registrar may require.—CHAP. 114, SEC. 45, G. L. (Terminated by Chapter 123, Entom.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury any human body or the remains of a human being, or any object brought into the commonwealth, until he has received written permission to do from the board of health or its agent, or has been appointed to issue such permits, or if there is no such appointment, the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TECHNICAL EDITION).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:


service. **1) Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury. **2) Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized diseases unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the attendance of death is needed.

(3) **Medical Examiners** must investigate and certify to all deaths **supposedly** due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), but also by the action of chemical (drugs or poisons), thermal, electrical agents, and deaths following abortion, but also deaths or diseases resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-32. No. 5469

1 PLACE OF DEATH		Suffolk (County)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
		Winthrop (City or Town)				STANDARD CERTIFICATE OF DEATH		Registered No. <span style="float: right;">42</span>	
		No. 1121 Locust		St., ..... Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
		2 FULL NAME <u>Mary Monroe Middleton</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran, specify WAR)			
		(a) Residence. No. <u>121 Locust</u> (Usual place of abode)		St., ..... Ward, .....		(If nonresident, give city or town and state)			
		Length of residence in city or town where death occurred <u>15</u> yrs. .... mos. ....		days. How long in U. S., if of foreign birth? <u>50</u> yrs. .... mos. ....		days.			
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX <u>Female</u>		4 COLOR OR RACE <u>White</u>		5 SINGLE (write the word) <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED					
5a If married, widowed, or divorced HUSBAND of ..... (or) WIFE of <u>James Middleton</u> (Give maiden name of wife in full) (Husband's name in full)									
6 IF STILLBORN, enter that fact here									
7 AGE <u>66</u> Years ..... Months <u>23</u> Days ..... If less than 1 day ..... Hours ..... Minutes									
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>									
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>									
10 Date deceased last worked at this occupation (month and year) ..... 11 Total time (years) spent in this occupation .....									
12 BIRTHPLACE (City) ..... (State or country) <u>Ireland</u>									
13 NAME OF FATHER <u>Martin Monroe</u>									
14 BIRTHPLACE OF FATHER (City) ..... (State or country) <u>Ireland</u>									
15 MAIDEN NAME OF MOTHER <u>Not Known</u>									
16 BIRTHPLACE OF MOTHER (City) ..... (State or country) <u>Ireland</u>									
17 Informant <u>Margaret J. West (Daughter)</u> (Address) <u>121 Locust St Winthrop</u>									
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. S. Childress</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>3/8/38</u> (Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH <u>mar. 5 1938</u> (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from <u>mar. 3 1938</u> to <u>mar. 5 1938</u> I last saw him alive on <u>mar. 4 1938</u> death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance in order of onset were as follows: <u>arteriosclerosis</u> <u>chronic nephritis</u> <u>chronic myocarditis</u> Date of Onset IMPORTANT <u>1932</u> <u>1934</u> <u>1934</u>									
Contributory causes of importance not related to principal cause:									
Name of operation ..... Date of ..... What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>No</u>									
20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>Sydney W. Dickinson</u> M. D. (Signed) <u>Winthrop Mass</u> (Address) Date <u>mar 6 1938</u>									
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Winthrop</u> <u>Winthrop</u> (Cemetery) (City or town)									
DATE OF BURIAL <u>March 8, 1938</u>									
22 NAME OF UNDERTAKER <u>Richard W. White</u> ADDRESS <u>147 Winthrop St Winthrop Mass</u>									
Received and filed <u>MAR 11 1938</u> 19..... (Registrar)									

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

*Gen. Laws, Chap. 46, Sec. 9.*

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectify, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectify shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including poisoning, thermal, or electrical) and by the action of chemical, druggs or poisons, deaths from disease agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of *home housework*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *sock factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *blacksmith*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

## Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-e

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 43

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)



No. Winthrop Community Hospital St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lydia Annette (George) Collins

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran,  
specify WAR)

(a) Residence. No. 192 Bartlett Road

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 82 yrs. 9 mos. 8 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Charles Eldredge Collins (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 82 Years 9 Months 8 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home 10 Date deceased last worked at this occupation (month and year) Dec. 1937 11 Total time (years) spent in this occupation 63

12 BIRTHPLACE (City) Winthrop (State or country) Massachusetts

13 NAME OF FATHER Samuel Leighton George

14 BIRTHPLACE OF FATHER (City) Wells River (State or country) Vermont

15 MAIDEN NAME OF MOTHER Abigail Burrill

16 BIRTHPLACE OF MOTHER (City) Winthrop (State or country) Massachusetts

17 Informant (Address) Elizabeth C. Baker (daughter) 192 Bartlett Rd Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers (Signature of Agent of Board of Health or other)

(Official Designation) H.D. (Date of Issue of Permit) Mar. 7/38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 5 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Feb. 19, 1938, to March 5, 1938 I last saw her alive on March 5, 1938, death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage Date of Onset Feb. 17, 1938 Arteriosclerosis 1932

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) Angiogram, etc. M. D. (Address) Winthrop, Mass. Date 2/27, 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town) 38 DATE OF BURIAL March 8 19

22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass

Received and filed 19

A TRUE COPY, ATTEST: (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." Do not make a precise statement of the occupation can be secured. Use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, ashenia, etc. A principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall follow with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another in the same cemetery, or from one grave or tomb other than the receiving tomb, to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, by a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit, certificate, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*  
 . . . We shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Boards of Health. Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposed to be due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (acid or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WHILE FILLING OUT THIS FORM, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 '36. No. 9080 F

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 44

No. Station Hospital, Ft Banks, Mass St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CHARLES SIDNEY QUAYLE 65 Albion St  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. - Infant - St., Ward Medford  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 0 years 0 months 1 days 17 hrs How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, state that fact here.

7 AGE = Years = Months 1 Days If less than 1 day 17 Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10 Date deceased last worked at this occupation (month and year)  
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Station Hospital, Ft Banks, (State or country) Winthrop, Mass

13 NAME OF FATHER Samuel Torrence Quayle

14 BIRTHPLACE OF FATHER (City) Carrollton, Mo (State or country)

15 MAIDEN NAME OF MOTHER Helen Louise Catherine Guilfoyle

16 BIRTHPLACE OF MOTHER (City) Clinton (State or country) Massachusetts

17 Informant St. Sgt. Quayle, 65 (Relation, if any) Father (Address) Allion St., Medford, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer) 3/8/38

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 7th 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 5, 1938, to March 7, 1938.

I last saw him alive on March 7th, 1938, death is said to have occurred on the date stated above, at 2:25 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Patent ductus Arteriosus Congenital  
Atelectasis of lungs

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? If so, specify Illness see Staff (Signed) Alexander O. Huff, Capt. M. D. (Address) Ft Banks, Mass Date Mar 8, 1938

21 Fort Devens, Military Reservation, Mass Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL March 9, 1938

22 NAME OF UNDERTAKER Address State Army, Clear Lake

Received and filed 19

(Registrar)

To be filed for burial permit with Board of Health or its Agent.

**Statement of occupation.**—This statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. (Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write to housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication with which causes death, not the mode of dying; e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall, with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his surname, age, sex, date of birth, date of death, duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent above said or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereafter provided, if there is no attending physician, or, if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a special finding, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith register, sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, to the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TENTHENTHARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TENTHENTHARY EDITION.)

### RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.



<p>1 PLACE OF DEATH</p> <p>Suffolk (County)</p> <p>Winthrop (City or Town)</p> <p>No. 63 Lowell Road St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		<p>The Commonwealth of Massachusetts</p> <p>OFFICE OF THE SECRETARY</p> <p>DIVISION OF VITAL STATISTICS</p> <p>STANDARD</p> <p>CERTIFICATE OF DEATH</p> <p>Registered No. 45</p>		<p>To be filed for burial permit with Board of Health or its Agent.</p>	
<p>2 FULL NAME Richard Neil M. Carthy</p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p>		<p>(If U. S. War Veteran specify WAR)</p>			
<p>(a) Residence. No. 63 Lowell Road St. Ward,</p> <p>(Usual place of abode) (If nonresident, give city or town and state)</p>		<p>Length of residence in city or town where death occurred 2 years — months — days.</p>		<p>How long in U.S., if of foreign birth? 60 years — months — days.</p>	
PERSONAL AND STATISTICAL PARTICULARS					
<p>3 SEX Male</p>		<p>4 COLOR OR RACE White</p>		<p>5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)</p>	
<p>6a If married, widowed, or divorced HUSBAND of Margaret Price (Give maiden name of wife in full)</p> <p>(or) WIFE of (Husband's name in full)</p>					
<p>6 IF STILLBORN, enter that fact here.</p>					
<p>7 AGE 65 Years — Months — Days If less than 1 day Hours — Minutes</p>					
<p>8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</p>		<p>Clerk</p>			
<p>9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.</p>		<p>Groceries &amp; Provisions</p>			
<p>10 Date deceased last worked at this occupation (month and year)</p>		<p>Sept 1937 11 Total time (years) spent in this occupation 40</p>			
<p>12 BIRTHPLACE (City) St. John (State or country) New Brunswick</p>					
<p>13 NAME OF FATHER Timothy M. Carthy</p>					
<p>14 BIRTHPLACE OF FATHER (City) Limerick (State or country) Ireland</p>					
<p>15 MAIDEN NAME OF MOTHER Mary De Forest</p>					
<p>16 BIRTHPLACE OF MOTHER (City) Cork (State or country) Ireland</p>					
<p>17 Informant (Address) Mrs. Margaret M. Carthy wife 63 Lowell Rd. W. Mass. Relation, if any (wife)</p>					
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p> <p>Wm. S. Childress (Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 3/9/38</p>					
MEDICAL CERTIFICATE OF DEATH					
<p>18 DATE OF DEATH March 7 1938 (Month) (Day) (Year)</p>					
<p>19 I HEREBY CERTIFY That I attended deceased from January 31, 1938, to March 7, 1938. I last saw him alive on March 4, 1938, death is said to have occurred on the date stated above, at 9:30 P.M. The principal cause of death and related causes of importance in order of onset were as follows:</p> <p>Carcinoma of head of pancreas August 1937          Intestinal obstructions Dec. 1937</p>					
<p>Contributory causes of importance not related to principal cause:</p>					
<p>20 Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) M. S. Kelly, M. D. (Address) 11 Mexicana St. E. Bos. Date 3/8 1938</p>					
<p>21 Holy Cross, Walden Place of Burial, Cremation or Removal (City or Town)</p>					
<p>DATE OF BURIAL March 10 1938</p>					
<p>22 NAME OF UNDERTAKER M. S. Kelly</p>					
<p>ADDRESS 11 Mexicana St. E. Bos.</p>					
<p>Received and filed. 19. (Registrar)</p>					

**Statement of occupation.**—It is a statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write to HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINSTER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "frechtant" but give the exact occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name any earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
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In a group of causes containing the principal cause and related causes, the of these causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer shall form** last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, deemed as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)**

**Medical examiners** shall make examination upon the view of the bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 40

1 PLACE OF DEATH  
Suffolk  
(County)  
Dorchester  
(City or Town)  
No. 30 Paine  
St., Ward



2 FULL NAME  
Sofia (Ne Griffe) Pisano  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 30 Paine  
(Usual place of abode)

St. Ward  
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 4 years months days. How long in U.S., if of foreign birth? 44 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widow (write the word)

6a If married, widowed, or divorced  
HUSBAND of

(or) WIFE of Anthony Pisano  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years Months Days If less than 1 day  
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10 Date deceased last worked at this occupation (month and year) Feb 15 1938 11 Total time (years) spent in this occupation 39

12 BIRTHPLACE (City) Messina  
(State or country) Italy

13 NAME OF FATHER Joseph Griffe

14 BIRTHPLACE OF FATHER (City) Messina  
(State or country) Italy

15 MAIDEN NAME OF MOTHER Angelina Patasfoto

16 BIRTHPLACE OF MOTHER Messina  
(State or country) Italy

17 Informant Peter Guarneri (Son)  
(Address) 21 Moreley St Dorchester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm D. Childress  
(Signature of Agent of Board of Health or other)

(Official Designation)

Mar 11/38  
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 9, 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1938, to Mar 9, 1938  
I last saw her alive on Mar 9, 1938, death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocarditis 1930  
Myocardial degeneration 1930

Contributory causes of importance not related to principal cause:

Hypertension 1932  
Rheumatic fever 1932

Name of operation none Date of What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Louis E. Delaney, M. D.  
(Address) 970 1/2 St. Date Aug 19 38

21 Holy Cross Malden Mass  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Mar 12 1938

22 NAME OF UNDERTAKER Michael J. Laganis  
ADDRESS 971 Cambridge St East Boston

Received and filed Mar 22 1938 (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various parts can be known. Make some entry in this section for every status can be known. If the occupation had been given per on aged 10 years or over. If the deceased had retired, report the occupation prior to illness. If the deceased had retired, report the occupation prior to illness. Children not necessarily employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, nor the mode of dying, *E. G.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	.....
.....	.....
.....	.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall sign with last illness, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town shall exume a person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to and read before, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an undertaker, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, if for sufficient reasons, his certificate cannot be obtained easily enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the clerk required of the attending shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth, cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained; hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION).

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall, in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried. A funeral is to be held, or from a person appointed to have the case of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons from whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance of whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly and indirectly by traumatism (including resulting spinal, cerebral, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 47

1 PLACE OF DEATH { Suffolk (County)  
Winthrop (City or Town)  
No. 25 Quincy Ave St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)  
2 FULL NAME Jacob S. Kirshen (If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. 25 Quincy Ave St. Ward, (If nonresident, give city or town and state)  
Length of residence in city or town where death occurred 3 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)  
6a If married, widowed, or divorced Elizabeth Isenman HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)  
6 IF STILLBORN, enter that fact here.  
7 AGE 43 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alpine Press  
10 Date deceased last worked at this occupation (month and year) Dec 25, 37 11 Total time (years) spent in this occupation 12

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Nathan Kirshen

14 BIRTHPLACE OF FATHER (City) Russia (State or country)

15 MAIDEN NAME OF MOTHER Ida Smorack

16 BIRTHPLACE OF MOTHER (City) Russia (State or country)

17 Informant Max Kirshen (Address) 275 Dean Rd. Brookline (Signature of Agent of Board of Health or other)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Wm. S. Childress (Signature of Agent of Board of Health or other)  
Healde Officer (Official Designation) 3/20/38 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 19, 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937, to Mar. 19, 1938.  
I last saw him alive on Mar. 19, 1938, death is said to have occurred on the date stated above, at 10:30 p.m.  
The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of bronchus, metastatic, Oct. 1937  
Contributory causes of importance not related to principal cause:

Name of operation Craniotomy Date of Jan. 1938  
What test confirmed diagnosis? Pathological Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Robert Isenman, M. D.  
(Signed) (Address) 356 Ferry St. Malden Date Mar. 19, 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mishkan Sepulchre W. Rox (Cemetery) (City or town)

DATE OF BURIAL March 20, 1938

22 NAME OF UNDERTAKER Israel Einstein  
ADDRESS 394 W. Washington St. N.Y.C.

Received and filed March 20, 1938 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any further complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	.....
.....	.....
.....	.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall, during with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a verbal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such verbal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith concur in it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-e

1 PLACE OF DEATH  
Suffolk (County)  
Winthrop (City or Town)  
No. 53 Waldemar Ave St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary (Fuller) Willis  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. 52 Beverly Road St. Ward West Hartford Conn.  
(Usual place of abode) (If nonresident, give city or town and state)  
Length of residence in city or town where death occurred yrs. mos. 21 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS  
3 SEX Female  
4 COLOR OR RACE White  
5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)  
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Charles Cortland Willis (Husband's name in full)  
6 IF STILLBORN, enter that fact here.  
7 AGE 76 Years 10 Months 9 Days If less than 1 day  
Hours Minutes  
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Own home  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10 Date deceased last worked at this occupation (month and year) March 1938 11 Total time (years) spent in this occupation 45  
12 BIRTHPLACE (City) Chaplin (State or country) Connecticut  
13 NAME OF FATHER Edson Fuller  
14 BIRTHPLACE OF FATHER (City) Chaplin (State or country) Connecticut  
15 MAIDEN NAME OF MOTHER Caroline Colburn  
16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)

17 Informant Raymond E. Willis (son) (Address) 53 Waldemar Ave  
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
(Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit) 3/21/38

MEDICAL CERTIFICATE OF DEATH  
18 DATE OF DEATH March 20 1938 (Month) (Day) (Year)  
19 I HEREBY CERTIFY That I attended deceased from Mar 15, 1938, to March 20, 1938  
I last saw h. alive on March 20, 1938, death is said to have occurred on the date stated above, at 4:45 P.M.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Broncho-pneumonia Date of Onset 15 1938  
Contributory causes of importance not related to principal cause: Myocarditis  
Name of operation none Date of What test confirmed diagnosis? Chest X-ray Was there an autopsy? No  
20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify  
(Signed) Daniel J. O'Brien M. D. (Address) 88 Washington Ave Winthrop Mass Date March 19, 1938  
21 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Grove Springfield (Cemetery) (City or town) Mass  
DATE OF BURIAL March 22, 1938  
22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass  
Received and filed March 23 1938 (Registrar)  
A TRUE COPY, ATTEST:





N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-75. No. 6156F

Suffolk County		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1 PLACE OF DEATH Boston (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 49	
No. 27 Trident Ave.		St., Ward		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Mendel Bloomberg		{ (If U. S. War Veteran specify WAR)			
(a) Residence. No. 27 Trident Ave.		Ward, Winthrop		{ (If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 8 years		months		days.	
How long in U. S., if of foreign birth? 35 years		months		days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE white	5 SINGLE MARRIED WIDOWED OR DIVORCED Married			
6a If married, widowed, or divorced HUSBAND of Rose Brink (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 63 Years Months Days If less than 1 day Hours Minutes					
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hebrew Teacher					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home					
10 Date deceased last worked at this occupation (month and year) 12/31/37					
11 Total time (years) spent in this occupation yrs					
12 BIRTHPLACE (City) (State or country) Russia					
13 NAME OF FATHER Abraham Bloomberg					
14 BIRTHPLACE OF FATHER (City) (State or country) Russia					
15 MAIDEN NAME OF MOTHER Sarah Greenfield					
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia					
17 Informant Ethel Bloomberg Wright (Address) 201 W. 1st St. Boston					
18 DATE OF DEATH March 22, 1938 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from March 22, 1938, to March 22, 1938. I last saw him alive on March 22, 1938, death is said to have occurred on the date stated above, at 6:30 P. M.					
The principal cause of death and related causes of importance in order of onset were as follows:					
Coronary Thrombosis 1938					
Angina Pectoris 1935					
Anterior Sympathetic Head Damage 1934					
Diabetes Mellitus 1936					
Contributory causes of importance not related to principal cause:					
Name of operation None Date of None					
What test confirmed diagnosis? None Was there an autopsy? No					
20 Was disease or injury in any way related to occupation of deceased? No					
If so, specify Charles Life Insurance Co., M. D.					
(Signed) 20 W. 1st St. Boston Date March 22, 1938					
21 Place of Burial, Cremation or Removal (City or Town) Mount Pleasant Cemetery					
DATE OF BURIAL March 22, 1938					
22 NAME OF UNDERTAKER Harry G. Gault					
ADDRESS 15 W. 1st St. Boston					
Received and filed March 23, 1938					
(Registrar)					
1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: M. M. S. Chuddey (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 3/22/38 (Date of Issue of Permit)					

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not actually employed may be returned as AT SCHOOL or AT HOME. For family members whose only occupation was that of home housework, write in housework in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8—The trade, profession, or particular kind of work done.

9 The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE, SOAP FACTORY, COTTON MILL**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact secured. Do not use the word "carpenter, painter, machinist, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease, or complication which causes death, not the mode of dying. E. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication, if the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

	Date of Onset
<i>Aerobulemia</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhages</i>	July 5, 1927
<i>Contributory causes</i> of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.

**GEN. LAWS, CHAP. 46, SEC. 9.**

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for some reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is competent for the purpose, or is sufficient, and employed by the town, may, upon application made to him, the certificate required of the attending physician. If death has been caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided for, and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon

recency of fact statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, Sec. 45, G. L. (TERMINAL EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury any human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried; and the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . (CHAP. 114, SEC. 46; G. L. (TERCENTENARY EDITION))

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners.** These include not only deaths caused **directly or indirectly by trauma** (including resulting **septicemia**), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



MARGIN RESERVED FOR BINDING



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

Danvers

(City or town making return)

50

1 PLACE OF DEATH  
Essex (County)  
Danvers (City or Town)

N Danvers State Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis X. O'Leary  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 614 Shirley St., Ward Anthrop  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 13 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced HUSBAND of Veronica McCann (Maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1. Detective 2. Salesman  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1. Burns Detective  
10 Date deceased last worked at this occupation (month and year) 1922 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country)

13 NAME OF FATHER Daniel A. O'Leary

14 BIRTHPLACE OF FATHER Boston (City) (State or country)

15 MAIDEN NAME OF MOTHER Margaret Mahoney

16 BIRTHPLACE OF MOTHER Ireland (City) (State or country)

17 Informant M.K. McPhillips (Address) DSH

A TRUE COPY. Attest: Registrar of city or town where death occurred

DATE FILED 3/25/38 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 23, 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Ruptured myocardium  
Coronary arteriosclerosis

20 If death was due to external causes (VIOLENCE) fill in the following:  
Accident, Suicide or Homicide? Date of injury 19

Where did injury occur? (City or town and State)

Manner of Injury Nature of Injury yes

21 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) John W. P. Murphy, M. D. (Address) Peabody Date 3/25/38

22 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (City or town) DATE OF BURIAL Mar. 26, 1938 19

23 NAME OF UNDERTAKER James F. McGlinchy ADDRESS Chelsea

Received and filed. 1938 (Registrar of City or Town where deceased resided)





N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2038-e

**Suffolk**  
(County)

**Winthrop**  
(City or Town)

No. **15 Floyd** St., **Ward** { (If death occurred in a hospital or institution, give its NAME instead of street and number)

1 PLACE OF DEATH

2 FULL NAME **Florence Augusta (Barnsted) Martin**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **15 Floyd** St., **Ward**,  
(Usual place of abode)  
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred **4** yrs. **mos.** **days.** How long in U. S., if of foreign birth? yrs. mos. days.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

Registered No. ....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **MARRIED WIDOWED or DIVORCED Widow**

6a If married, widowed, or divorced HUSBAND of **James Edwin Martin**  
(Give resident name of wife in full)  
(or) WIFE of **James Edwin Martin**  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **75** Years. **9** Months. **21** Days If less than 1 day **Hours** **Minutes**

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At home**

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) **March 1938** 11 Total time (years) spent in this occupation **46**

12 BIRTHPLACE (City) **Charlottesville**  
(State or country) **Prince Edward Island**

13 NAME OF FATHER **William Barnsted**

14 BIRTHPLACE OF FATHER (City) **Unable to obtain**  
(State or country)

15 MAIDEN NAME OF MOTHER **Catherine Long**

16 BIRTHPLACE OF MOTHER (City) **Boston**  
(State or country) **Massachusetts**

17 Informant **Edith M. Gorman** (Address) **15 Floyd St Winthrop Mass**  
Relation, if any **(daughter)**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **March 27 1938**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **March 20 1938**, to **March 26 1938**  
I last saw him/her alive on **Mar 26 1938**, death is said to have occurred on the date stated above, at **9:46 A.M.**  
The principal cause of death and related causes of importance in order of onset were as follows:  
**Branchio - pneumonia**  
Date of Onset **Mar 21-38**

Contributory causes of importance not related to principal cause:

Name of operation.....Date of.....  
What test confirmed diagnosis?.....Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?.....  
If so, specify **Edmund J. Frangos** M. D.  
(Signed) **200 W. Winthrop St.** (Address) Date **Mar 28 1938**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop Winthrop**  
(City or town)

DATE OF BURIAL **March 29 1938**

22 NAME OF UNDERTAKER **Charles R. Bennison**  
ADDRESS **Winthrop Mass**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
**Wm. S. Childress**  
(Signature of Agent of Board of Health or other)  
Health Officer (Official Designation) **3/29/38** (Date of Issue of Permit)

Received and filed **APR 2 1938** 19  
A TRUE COPY, ATTEST:  
(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8 — The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10. The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *cottonmill*, *mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *chief mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise term of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, assthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Erasmus

The principal causes of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Alveolocystosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause even.

**A RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when seen by the physician or officer and the date of his death.....  
*see Laws, Chap. 46, Sec. 9.*

seen alive by the physician.

*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall deliver or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original inquiry, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, or from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, which it has been engaged, such recital shall appear upon the permit, and the board of health, or its agent, upon receipt of such statement and certificate, shall forthwith concur in it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 43, G. L.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*

.... He shan in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—*Cen. Laws, Chap. 38, Sec. 7.*

of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body until the same has been examined by a board of health or its agent, and he has received a permit so to do; and if there is no such board, from an appointed or issue stated by the clerk of the board of health, or the clerk of a board where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L. (Tercentenary Edition).*

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify deaths caused **supposedly** due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

# RETURN OF CERTIFICATES OF DEATH



N B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

MADE IN RECEIVED FOR RINDING

1 PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)  
No. 275 Main Street



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.  
Registered No. 52

2 FULL NAME Alice Phelan Belcher  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 275 Main Street St. Ward  
(Usual place of abode)  
Length of residence in city or town where death occurred 20 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of Edmund Belcher (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years 10 Months 1 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
10 Date deceased last worked at this occupation (month and year)  
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Massachusetts

13 NAME OF FATHER Owen J. Phelan

14 BIRTHPLACE OF FATHER (City) New York (State or country) New York

15 MAIDEN NAME OF MOTHER Isabella Wilson

16 BIRTHPLACE OF MOTHER (City) Philadelphia (State or country) Pennsylvania

17 Informant Jennie Bell Duston (Address) 275 Main St. Winthrop Mass. Relation, if any (Daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 3/30/38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 28 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to March 28 1938  
I last saw him alive on March 27 1938, death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Thrombosis  
Chronic myocarditis  
Contributory causes of importance not related to principal cause:  
Date of Onset IMPORTANT 2/28/38

Name of operation none Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. C. Benjamin, M. D. (Address) Chelsea Date 3/29 1938

21 Winthrop Cemetery Winthrop Mass  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL March 30, 1938 19

22 NAME OF UNDERTAKER Richard H. White ADDRESS 147 Winthrop St Winthrop Mass

Received and filed APR 2 1938 19 (Registrar)

**Statement of occupation.**—Print a statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. (Children not generally employed, may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes of importance not related to principal cause:</b>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** must, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned, and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereafter provided, If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been obtained hereunder. If the death certificate contains a verbal statement as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such verbal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith interpose a sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish to registration any other necessary information which can be obtained after the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Cemetery examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit to do so from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, and the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNBOLD LETTERS. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-e

Suffolk (County)		Winthrop (City or Town)		No. 100 Quincy Avenue		St. Ward		Winthrop (City or town making return)		Registered No. 53	
<p>1 PLACE OF DEATH</p> <p>2 FULL NAME Eugene Merchant Brown (If deceased is a married, widowed or divorced woman, give also maiden name.)</p> <p>(a) Residence. No. 100 Quincy Avenue St. Ward. (Usual place of abode) (If nonresident, give city or town and state)</p> <p>Length of residence in city or town where death occurred 22 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.</p>											
<p>PERSONAL AND STATISTICAL PARTICULARS</p> <p>3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)</p> <p>5a If married, widowed, or divorced HUSBAND of Georgia Armstrong (Give maiden name of wife in full)</p> <p>(or) WIFE of (Husband's name in full)</p> <p>6 IF STILLBORN, enter that fact here.</p> <p>7 AGE 78 Years 7 Months 9 Days If less than 1 day Hours Minutes</p> <p>8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical doctor &amp; Doctor of Dental Surgery</p> <p>9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office</p> <p>10 Date deceased last worked at this occupation (month and year) March 1938 11 Total time (years) spent in this occupation 53</p> <p>12 BIRTHPLACE (City) Cambridge (State or country) Massachusetts</p> <p>13 NAME OF FATHER George Dana Brown</p> <p>14 BIRTHPLACE OF FATHER (City) Holliston (State or country) Massachusetts</p> <p>15 MAIDEN NAME OF MOTHER Josephine Merchant</p> <p>16 BIRTHPLACE OF MOTHER (City) Ashland (State or country) Massachusetts</p> <p>17 Informant Ralph E. Brown (Address) 100 Quincy Ave. Winthrop Mass Relation, if any (son)</p>											
<p>18 DATE OF DEATH March 28 1938 (Month) (Day) (Year)</p> <p>19 I HEREBY CERTIFY, That I attended deceased from July 3, 1938, to March 27, 1938. I last saw him alive on March 27, 1938, death is said to have occurred on the date stated above, at 8 P.M. The principal cause of death and related causes of importance in order of onset were as follows: Arteriosclerosis, Cerebral Hemorrhage. Date of Onset 1927</p> <p>Contributory causes of importance not related to principal cause: Endocarditis</p> <p>Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? No.</p> <p>20 Was disease or injury in any way related to occupation of deceased? No. If so, specify _____ (Signed) Dr. Charles R. Bennison, M. D. (Address) Winthrop Date March 29, 1938</p> <p>21 PLACE OF BURIAL, CREMATION OR REMOVAL Wildwood, Ashland Mass (Cemetery) (City or town)</p> <p>DATE OF BURIAL March 30, 1938 19</p> <p>22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass</p> <p>Received and filed _____ 19 (Registrar)</p> <p>A TRUE COPY, ATTEST: _____</p>											
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p> <p>(Signature of Agent of Board of Health or other Health Officer) 3/30/38 (Date of Issue of Permit)</p>											

# RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease and being dead, report the occupation prior to illness. If the deceased and retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school*, or *at home*. For a woman whose only occupation was that of *own home* housewife, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "domestic," but give the exact occupation, as *cook*, *waitress*, *maid*, *washer*, *seamstress*, etc. Distinguish carefully between *tailor*, *milliner*, and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	1913
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall follow with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, and, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permit, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Trenton City Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Trenton City Edition).*

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized diseases, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-e

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)	
1 PLACE OF DEATH	Winthrop (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No. 54	
	No. 137 Loring Road	Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Alma Gertrude (Forrestall) Pepper		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No. 137 Loring Road		Ward, 38		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 30 yrs.		mos.		days.	
How long in U. S., if of foreign birth?		yrs.		mos.	
days.					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married			
6a If married, widowed, or divorced HUSBAND of John William Pepper (Give maiden name of wife in full) (or) WIFE of John William Pepper (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 59 Years 24 Months 0 Days If less than 1 day 28 Hours 0 Minutes					
8 Trade, profession, or particular kind of work done, as spawner, sawyer, bookkeeper, etc. House work					
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home					
10 Date deceased last worked at this occupation (month and year) Nov. 1937 Total time (years) spent in this occupation 28					
12 BIRTHPLACE (City) Chelsea (State or country) Massachusetts					
13 NAME OF FATHER Harry G. Forrestall					
14 BIRTHPLACE OF FATHER (City) Chelsea (State or country) Massachusetts					
15 MAIDEN NAME OF MOTHER Lilla Dale Dill					
16 BIRTHPLACE OF MOTHER (City) Charlestown (State or country) Massachusetts					
17 Informant John W. Pepper (Address) 137 Loring Rd. Winthrop Mass Relation, if any (husband)					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. Stoddard (Signature of Agent of Births or Health or other) d-o (Official Designation) April 2, 1938 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Mar. 31, 1938 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from 3/1, 1938, to 3/31, 1938. I last saw h. 4 alive on 3/30, 1938, death is said to have occurred on the date stated above, at 4 P.M. The principal cause of death and related causes of Importance In order of onset were as follows: Chronic Interstitial Nephritis 1936 Hypertrophy of Heart 1935					
Contributory causes of importance not related to principal cause:					
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased? no If so, specify Harry G. Forrestall M. D. (Signed) (Address) 476 1938					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett (Cemetery) (City or town)					
DATE OF BURIAL April 2, 1938 19					
22 NAME OF UNDERTAKER Charles R. Bennison Winthrop Mass					
ADDRESS					
Received and filed April 2, 1938 19					
A TRUE COPY, ATTEST: (Registrar)					

## RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *rail mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asbestia, etc. As principal cause name the disease causing death. As related causes, name earlier and important complications, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where the same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If from one town to another within the commonwealth it cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which he has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupational causes, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

130-113-35 No. 6156F

1

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. Winthrop Community Hospital

Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

Baby Girl Belinfante

(If deceased is married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran  
specify WAR)

(a) Residence. No.

51 Centennial Avenue

Ward

Rivers, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U.S., if of foreign birth?

years

months

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE

MARRIED  
WIDOWED  
or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

Stillborn

7

AGE.....Years.....Months.....Days

If less than 1 day

.....Hours.....Minutes

OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10 Date deceased last worked at  
this occupation (month and  
year)11 Total time (years)  
spent in this  
occupation

12 BIRTHPLACE (City)

(State or country)

Winthrop,  
Mass.13 NAME OF  
FATHER

Charles Belinfante

14 BIRTHPLACE OF  
FATHER (City)

(State or country)

London,  
England15 MAIDEN NAME  
OF MOTHER

Annie Colsio

16 BIRTHPLACE OF  
MOTHER (City)

(State or country)

Lawrence,  
Mass.

17

Informant  
(Address)Charles Belinfante (Father)  
51 Centennial Ave, Rivers, Mass.

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:Wm DeChidres  
(Signature of Agent of Board of Health or other)

(Official Designation)

April 2/38  
(Date of Issue of Permit)

Revised 4/9/38  
The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

Registered No. 55

To be filed for burial permit  
with Board of Health  
or its Agent.

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATHMar  
(Month)31  
(Day)1938  
(Year)

19 I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19....., death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance in order of onset  
were as follows:

Contributory causes of importance not related to principal cause:

Still Born

Contributory causes of importance not related to principal cause:

Name of operation.....Date of.....  
What test confirmed diagnosis?.....Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased? .....

If so, specify

(Signed) Frank Shegelf M. D.  
(Address) 72 Shirley St. Date 4/2 1938

21 Palmyra Mutual, Montvale

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL April 3, 1938

22 NAME OF  
UNDERTAKER Benjamin F. Salomon

ADDRESS 420 HARVARD ST. BROOKLINE, MASS.

Received and filed..... 19.....

(Registrar)

Baltimore

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write a woman housewife. In answer to Question 8 and own home in answer to Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER, PRIVATE FAMILY COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a clerk.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, nor the mode of dying, as G. heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The <b>principal cause of death</b> and related causes of importance in order of onset were as follows:	
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Coronary hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**RETURN OF CERTIFICATES OF DEATH**  
A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposition of the disease of which he died, denied as required by section one, the same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. (Gen. Laws, Chap. 46, Sec. 9.)

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a person's body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, by a satisfactory certificate of the attending physician, or, if any, as required by law, or in lieu thereof a certificate as hereinbefore provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained, as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 43, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—Gen. Laws, Chap. 38, Sec. 6.  
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made. . . .—Chap. 114, Sec. 46, G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE


The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting cerebral), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation and the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30, No. 7997-d

<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">PLACE OF DEATH</div> <div style="font-size: 2em; font-weight: bold; margin-right: 10px;">1</div> </div>		<div style="display: flex; justify-content: space-between;"> <div> <p>Middlesex (County)</p> <p>Medford (City or Town)</p> </div> <div style="text-align: center;">  </div> <div> <p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS</p> </div> <div> <p>Medford (City or town making return)</p> </div> </div>	
		<p><b>STANDARD CERTIFICATE OF DEATH</b></p>	
		<p>No. <u>Dearborn Hospital</u> St., <u>        </u> Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>	
<p>2 FULL NAME <u>Louise C. Souther</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)</p>		<p>Registered No. <u>56</u> (If U. S. War Veteran, specify WAR)</p>	
<p>(a) Residence. No. <u>12 Bartlett Parkway</u> St., <u>Winthrop</u> (Usual place of abode) (If nonresident, give city or town and state)</p>			
<p>Length of residence in city or town where death occurred yrs. mos. <u>7</u> days. How long in U. S., if of foreign birth? yrs. mos. days.</p>			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE (write the word) <u>MARRIED</u> <u>WIDOWED</u> <u>or DIVORCED</u> <u>widowed</u>	
5a If married, widowed, or divorced			
HUSBAND of <u>Edward W. Souther</u> (Give maiden name of wife in full)			
(or) WIFE of <u>        </u> (Husband's name in full)			
6 IF STILLBORN, enter that fact here.			
7 AGE <u>76</u> Years <u>6</u> Months <u>26</u> Days If less than 1 day Hours <u>        </u> Minutes <u>        </u>			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Musician</u>		
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>        </u>		
10 Date deceased last worked at this occupation (month and year) <u>1938</u>		11 Total time (years) spent in this occupation <u>60</u>	
12 BIRTHPLACE (City) <u>Boston</u> (State or country) <u>Mass.</u>			
PARENTS	13 NAME OF FATHER <u>Richard Lavery</u>		
	14 BIRTHPLACE OF FATHER (City) <u>        </u> (State or country) <u>England</u>		
	15 MAIDEN NAME OF MOTHER <u>Sophie J. Jirardin</u>		
	16 BIRTHPLACE OF MOTHER (City) <u>Philadelphia</u> (State or country) <u>Penn.</u>		
17 Informant <u>Augustine V. Delmaine (sister)</u> (Address) <u>76 Wheatland Ave. Dorchester</u>			
A TRUE COPY.			
ATTEST: <u>Charles A. Kuslow</u> (Registrar of city or town where death occurred)			
DATE FILED <u>Mar. 12, 1938</u> City Clerk			
MEDICAL CERTIFICATE OF DEATH			
18 DATE OF DEATH <u>March 3</u> 19 <u>38</u> (Month) (Day) (Year)			
19 I HEREBY CERTIFY, That I attended deceased from <u>Sept. 31</u> 19 <u>31</u> to <u>Mar. 3</u> 19 <u>38</u> I last saw him alive on <u>Mar. 3</u> 19 <u>38</u> , death is said to have occurred on the date stated above, at <u>8.45 p.m.</u>			
The principal cause of death and related causes of importance in order of onset were as follows:			
			Date of onset
<u>Hypertension</u>			<u>1931</u>
<u>Arteriosclerosis</u>			<u>1931</u>
<u>Coronary Heart Disease</u>			<u>1937</u>
Contributory causes of importance not related to principal cause:			
<u>Arterial Embolism</u>			<u>1938</u>
Name of operation <u>        </u> Date of <u>        </u>			
What test confirmed diagnosis? <u>        </u> Was there an autopsy? <u>no</u>			
20 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>David Littmann</u> M. D. (Signed) <u>399 High St.</u> (Address) Date <u>3/3</u> 19 <u>38</u>			
21 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mt. Auburn, Watertown</u> (Cemetery) (City or town)			
DATE OF BURIAL <u>Mar. 7, 1938</u>			
22 NAME OF UNDERTAKER <u>J. S. Waterman &amp; Sons.</u> ADDRESS <u>2326 Washington St. Boston</u>			
Received and filed <u>Apr 12 - 1938</u> 19 <u>38</u> (Registrar of City or Town where deceased resided)			





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-o-31. No. 3385-r

1

PLACE OF DEATH

SUFFOLK  
(County)  
BOSTON  
(City or Town)

No. **Beth Israel Hosp** St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Jean Canner**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **11 Forrest** St. Ward **Winthrop**  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX  
**F**

4 COLOR OR RACE  
**W**

5 SINGLE  
MARRIED  
WIDOWED  
or DIVORCED  
**Marr**

(write the word)

5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)  
(or) WIFE of **Morris Canner**  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **31** Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **housewife**

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) **Russia**

PARENTS

13 NAME OF FATHER **Philip Rohlins**

14 BIRTHPLACE OF FATHER (City) (State or country) **Russia**

15 MAIDEN NAME OF MOTHER **Elizabeth**

16 BIRTHPLACE OF MOTHER (City) (State or country) **Russia**

17 Informant **Morris** husband (Address)

A TRUE COPY. **James A. O'Rourke**

ATTEST: (Registrar of city or town where death occurred)

DATE FILED **3/30/38** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **March 28/38**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **3/28/38**, 19, to **3/29/38**, 19, I last saw **her** alive on **3/28/38**, 19, death is said to have occurred on the date stated above, **at** m.  
The principal cause of death and related causes of importance in order of onset were as follows:  
**bronchopneumonia**  
**? streptococcus origin**  
Contributory causes of importance not related to principal cause:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **yes**  
20 Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) **G. H. Pike** M. D.  
(Address) **Beth Israel Hosp** Date **3/28** 19 **38**  
21 PLACE OF BURIAL **Beth Israel Lodge**  
CREMATION OR REMOVAL (Cemetery) (City or town)  
DATE OF BURIAL **3/29/38** 19  
22 NAME OF UNDERTAKER **M. Stankovskiy**  
ADDRESS **Boston**  
Received and filed \_\_\_\_\_ 19  
(Registrar of City or Town where deceased resided)

BOSTON

(City or town making return)

Registered No. **2698**

{ (If U. S. War Veteran, specify WAR) **57**

APR 1 2 1938











MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100-1275 No. 6156F

PLACE OF DEATH 1 { Suffolk (County) Winthrop (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
		STANDARD CERTIFICATE OF DEATH		Registered No. <span style="font-size: 1.5em;">59</span>	
No. <u>90 Shore Drive</u> St. _____ Ward _____		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME <u>Bella Luria</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran specify WAR) _____			
(a) Residence. No. <u>90 Shore Drive</u> St. _____ Ward _____ (Usual place of abode)		(If nonresident, give city or town and state) _____			
Length of residence in city or town where death occurred _____ years _____ months _____ days.		How long in U.S., if of foreign birth? _____ years _____ months _____ days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) <u>MARRIED</u> WIDOWED or DIVORCED <u>married</u>			
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of <u>Michael Luria</u> (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE <u>67</u> Years <u>11</u> Months <u>12</u> Days   If less than 1 day _____ Hours _____ Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>				
	10 Date deceased last worked at this occupation (month and year) <u>March 1938</u> 11 Total time (years) spent in this occupation <u>47</u>				
12 BIRTHPLACE (City) _____ (State or country) <u>Russia</u>					
PARENTS	13 NAME OF FATHER <u>Michael Antokowsky</u>				
	14 BIRTHPLACE OF FATHER (City) <u>Lar</u> (State or country) <u>Russia</u>				
	15 MAIDEN NAME OF MOTHER <u>(unknown)</u>				
	16 BIRTHPLACE OF MOTHER (City) _____ (State or country) <u>Russia</u>				
17 Informant <u>Michael Luria</u> (Address) <u>90 Shore Drive, Winthrop, Mass.</u> Relation, if any <u>(husband)</u>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Childress</u> (Signature of Agent of Board of Health or other)					
Health Officer <u>4/4/38</u> (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>April 3, 1938</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from <u>June 1936</u> to <u>April 2, 1938</u> . I last saw her alive on <u>April 2, 1938</u> , death is said to have occurred on the date stated above, at <u>12:05 a.m.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Carcinoma of stomach</u> Date of Onset <u>1936</u> <b>IMPORTANT</b>					
Contributory causes of importance not related to principal cause: _____					
Name of operation <u>Gastrectomy</u> Date of <u>Feb 1936</u> What test confirmed diagnosis? _____ Was there an autopsy? _____					
20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>Jennie S. Portman</u> , M. D. (Signed) <u>47 Washington Ave.</u> Date <u>April 3, 1938</u> (Address)					
21 Place of Burial, Cremation or Removal <u>Forest Hills Cemetery, Boston</u> (City or Town) DATE OF BURIAL <u>April 5, 1938</u>					
22 NAME OF UNDERTAKER <u>Benjamin T. Solomon</u> <u>420 HARVARD ST. BROOKLINE, MASS.</u> ADDRESS					
Received and filed _____ 19____ (Registrar)					

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known or over. If the occupation had been given person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOMER, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, nor the mode of dying, *E. G.*, heart failure, asphyxia, asbhenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arterioscleritis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	.....
.....	.....
.....	.....

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to his best of his knowledge, and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a tomb or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or from the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there has been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law; or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided for the removal shall constitute a permit for such removal; provided, that removal shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States during any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**



PHYSICIANS should state CAUSE OF DEATH EXACTLY. Age should be stated EXACTLY. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12' 35. No. 6156P

PLACE OF DEATH

Suffolk  
(County)Linthron  
(City or Town)

No. 35 Lincoln St

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Patrick F. Toohig

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No. 35 Lincoln St  
(Usual place of abode)

St., Ward, (If U.S. War Veteran specify WAR)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of Mary J. Jennings (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston Fire Dept  
10 Date deceased last worked at this occupation (month and year) 30 11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City) East Boston (State or country) Mass

13 NAME OF FATHER John Toohig

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Bridget Murphy

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Florence Toohig (Address) 35 Lincoln St Relation, if any (Daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit) 4/17/35

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

Registered No. 60

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U.S. War Veteran specify WAR)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 5 1935 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from March 25, 1935, to April 5, 1935.

I last saw him alive on April 5, 1935, death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Bronchial Pneumonia

Date of Onset  
IMPORTANT  
April 5  
1935

Contributory causes of importance not related to principal cause:

Myocarditis - Atherosclerosis

1936 (9)  
1930 (7)

Name of operation none Date of What test confirmed diagnosis Blood cap. Ex. Was there an autopsy no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify S. to R. in 0 (Signed) M. D. (Address) 200 Brookline Ave. Boston Date April 7, 1935

21 Place of Burial, Cremation or Removal Linthron Linthron (City or Town)

DATE OF BURIAL April 8 1935

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Linthron

Received and filed APR 7 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not readily employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write a woman whose answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, JEWELLER, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cardiac hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered nurse** from whom he has attended during his death, after the death of a person, or from whom he has attended during his last illness, at the request of the family of the deceased, furnish person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health of his agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body, and no remove it from a town, from one cemetery to another, or from one cemetery, until he has received a permit to another in the same cemetery. No such permit shall be issued until the facts shall have been delivered to such board, agent or clerk; the facts required by law to be returned and recorded, naming shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.  
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized medical unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation; the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34. No. 2938-g

1 PLACE OF DEATH  
 Suffolk (County)  
 Winthrop (City or Town)  
 No. 41 Shirley St



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
 MEDICAL EXAMINER'S  
 CERTIFICATE OF DEATH

To be filed for burial  
 permit with Board of  
 Health or its Agent.

Registered No. 61

2 FULL NAME

John Norman Kelley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

(a) Residence. No.

41 Shirley St. Winthrop Sp.

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. days. How long in U. S., if of foreign birth? 14 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 59 Years 8 Months 7 Days If less than 1 day  
 Hours Minutes

8 Trade, profession, or particular  
 kind of work done, as spinner,  
 sawyer, bookkeeper, etc.

Farm Hand

9 Industry or business in which  
 work was done, as silk mill,  
 saw mill, bank, etc.

Farm

10 Date deceased last worked at  
 this occupation (month and  
 year) 1933

11 Total time (years)  
 spent in this  
 occupation 30

12 BIRTHPLACE (City)  
 (State or country) Nova Scotia

13 NAME OF  
 FATHER Rhoden Kelley

14 BIRTHPLACE OF  
 FATHER (City)  
 (State or country) Nova Scotia

15 MAIDEN NAME  
 OF MOTHER Agnes Sullivan

16 BIRTHPLACE OF  
 MOTHER (City)  
 (State or country) Nova Scotia

17 Informant Laura Marshall (Sister)  
 (Address) 41 Shirley St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
 filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress  
 (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
 DEATH Apr - 6 - 1938  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death  
 of the person above-named and that the CAUSE AND MANNER thereof are  
 as follows: (If an injury was involved, state fully.)

acute Cardiac Failure  
 chronic myocarditis  
 general arterio Sclerosis

Found lead in his bed

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN  
 WAS INJURY SUSTAINED?  
 (Signed) Wm. D. Childress M. D.  
 (Address) 36 Elm St Date Apr - 6 - 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop  
 (Cemetery) (City or town)  
 DATE OF BURIAL April 8, 1938

22 NAME OF UNDERTAKER Richard W. White  
 ADDRESS 147 Winthrop St Winthrop Mass

Received and filed 19

APR 14 1938

(Registrar)

## FROM THE LAWS OF THE

## GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

**No undertaker or other person shall bury or otherwise dispose** of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, of the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—*Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.  
—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths **supposably due to injury**. These include, not only deaths caused directly or indirectly by traumatism (including resulting sepsis), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Medical Examiners in certifying as to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicæmia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

*Suffolk*  
(County)  
*Winthrop*  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

Registered No. ....

No. ....

*Winthrop Community Hosp*

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

*Mahan*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. ....

*7 Harvard Terrace*

St.,

Ward, ....

*Allstate*

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED (write the word)

6a If married, widowed, or divorced

HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here. *Stillborn*

7 AGE ..... Years ..... Months ..... Days ..... Hours ..... Minutes If less than 1 day

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) .....

11 Total time (years) spent in this occupation .....

12 BIRTHPLACE (City) *Winthrop*  
(State or country) *Mass*

13 NAME OF FATHER *Joseph Mahan*

14 BIRTHPLACE OF FATHER (City) *Roxbury*  
(State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Grace Borden*

16 BIRTHPLACE OF MOTHER (City) *Cambridge*  
(State or country) *Mass*

17 Informant *Joseph Mahan (Father)*  
(Address) *77 Harvard Terrace Allston*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer)

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April 8, 1938*  
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *April 8, 1938* to *April 8, 1938*

I last saw him alive on *April 7, 1938*, death is said to have occurred on the date stated above, at *11 A.M.*

The principal cause of death and related causes of importance in order of onset were as follows:

*Still Born*

Date of Onset

IMPORTANT

*4/7/38*

Contributory causes of importance not related to principal cause:

*Proper cord**4/7/38*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? *no*If so, specify *Surg. H. Schwartz*

(Signed) *Dr. Schwartz*, M. D.  
(Address) *19 Lincoln St. E. 13* Date *4/11/38*, 19 *38*

21 Place of Burial, Cremation or Removal *St. Michaels Boston*  
(City or Town)

DATE OF BURIAL *April 14*, 19 *38*

22 NAME OF UNDERTAKER *Frederick J. Magrath*

ADDRESS *67 Madison St. E. Boston*

Received and filed *APR 11 1938* 19 *38*

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write to housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. or COTTON MILL, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying. Give the heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier important conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registrar** of a person whom he has attended during his last illness, after the death of a person whom he has attended during his last illness, at the request of the family of the deceased, furnish person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge, and to belief which the name of the deceased, his supposed age, the disease of which he died, defined as required by the person one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. —Gen. Laws, Chap. 46, Sec. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit to exhume from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, and a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retical, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —Chap. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . —Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . —Chap. 114, Sec. 46, G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12 '35. No. 6156F

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP.

(City or Town)

WINTHROP COMMUNITY HOSPITAL.

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

63

2 FULL NAME

JOHN J McCARTHY.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

1055 SARATOGA ST., E. BOSTON.

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U.S., if of foreign birth?

years

months

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

MALE

4 COLOR OR RACE

WHITE

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

MARRIED.

5a If married, widowed, or divorced

ELIZABETH E CONNOLLY.

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

50

AGE

Years

10

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

INSURANCE

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

MASS. STATE

10 Date deceased last worked at this occupation (month and year)

4-38.

11 Total time (years) spent in this occupation

4mo

12 BIRTHPLACE (City)

CAMBRIDGE, MASS.

(State or country)

PARENTS

13 NAME OF FATHER

JAMES CONNOLLY

McCarthy

14 BIRTHPLACE OF FATHER (City)

IRELAND

IRELAND.

(State or country)

15 MAIDEN NAME OF MOTHER

HANORA KEEFE.

16 BIRTHPLACE OF MOTHER (City)

IRELAND.

(State or country)

17

Informant (Address)

ELIZABETH E McCARTHY

Relatives

1055 SARATOGA STREET E. BOSTON.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran

specify WAR)

(If nonresident, give city or town and state)

How long in U.S., if of foreign birth?

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

April

9

1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

April 5<sup>th</sup>, 1938, to April 9, 1938.

I last saw him alive on April 9, 1938, death is said

to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Generalized Peritonitis  
Ruptured AppendixDate of Onset  
IMPORTANTApril 5<sup>th</sup>

Contributory causes of importance not related to principal cause:

Acute Pulmonary Oedema and April 9  
Myocardial Failure

Name of operation

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles J. Cataldo

(Address) 483 Boylston St.

Date 4-9-1938

HOLY CROSS

MALDEN.

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL APRIL 12, 1938

22 NAME OF UNDERTAKER

Charles H. Treanor

559 SARATOGA STREET E. BOSTON.

ADDRESS

Received and filed

APR 14 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, i. e., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name carrier, morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sup- posed age, the disease of which he died, defined as required by this section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.** . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person shall bury or otherwise dispose of a human body in town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and remove it from a town, from one cemetery to human body, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until the facts required by law to be returned and recorded, naming the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as re- quired by law, or in lieu thereof a certificate as hereinafter pro- vided. If there is no attending physician, or if, for sufficient rea- sons, his certificate cannot be obtained early enough for the pur- pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attend- ing physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to an- other within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was re- moved within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall ap- pear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith, coun- tersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician cer- tifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TER- CENTENARY EDITION.)**

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the ob- servance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include, not only deaths caused directly or indirectly by traumatism (including resulting septi- cemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34. No. 2038-g

PLACE OF DEATH		<p>1 <i>Suffolk</i> (County)</p> <p><i>Winthrop</i> (City or Town)</p> <p>No. <i>73 Bartlett Road</i> St. _____ Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		<p>To be filed for burial permit with Board of Health or its Agent.</p> <p>Registered No. _____</p> <p>(If U. S. War Veteran, specify WAR) _____</p>	
2 FULL NAME		<p><i>Winslow Fisher</i></p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p>			
(a) Residence. No. <i>73 Bartlett Rd.</i>		<i>Winthrop</i>		Ward _____	
(Usual place of abode)		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		21 yrs. 10 mos. 3 days		How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE	(write the word)		
<i>Male</i>	<i>White</i>	<i>MARRIED</i>	<i>Single</i>		
		<i>WIDOWED</i>			
		<i>or DIVORCED</i>			
5a If married, widowed, or divorced					
HUSBAND of _____ (Give maiden name of wife in full)					
(or) WIFE of _____ (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE	21	Years	10	Months	23
		Days		Hours	
				Minutes	
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Student</i>			
		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Harvard University</i>			
		10 Date deceased last worked at this occupation (month and year) <i>April 1938</i>			
		11 Total time (years) spent in this occupation <i>4</i>			
12 BIRTHPLACE (City) <i>Winthrop</i>					
(State or country) <i>Massachusetts</i>					
13 NAME OF FATHER <i>Fred Winslow Fisher</i>					
14 BIRTHPLACE OF FATHER (City) <i>Medford</i>					
(State or country) <i>Massachusetts</i>					
15 MAIDEN NAME OF MOTHER <i>Elinor Young</i>					
16 BIRTHPLACE OF MOTHER (City) <i>Boston</i>					
(State or country) <i>Massachusetts</i>					
17 Informant (Address) <i>Fred Winslow Fisher</i>					
<i>73 Bartlett Rd. Winthrop Mass</i>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
<i>Wm. D. Clark</i> (Signature of Agent of Board of Health or other)					
<i>Health Officer</i> (Official Designation)					
<i>4/30/38</i> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <i>April - 17 - 1938</i>					
(Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)					
<i>Bullet Wound Thru Brain</i>					
<i>Presumably Suicidal</i>					
<i>Found dead in his home</i>					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? <i>Winthrop</i>					
(Signed) <i>Thos. Brickley</i> M. D.					
(Address) <i>Boston</i> Date <i>Apr. 17 - 1938</i>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>Winthrop Winthrop</i>					
(Cemetery) (City or town)					
DATE OF BURIAL <i>April 20, 1938</i>					
19					
22 NAME OF UNDERTAKER <i>Charles R. Bennison</i>					
ADDRESS <i>Winthrop Mass</i>					
Received and filed <i>APR 20 1938</i> 19					
(Registrar)					

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

**DESCRIPTION (for unknown person)**

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

**THIS CERTIFICATE CONSTITUTES SUCH PERMIT**

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... — *Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... — *General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

**RULES OF PRACTICE**

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**STATEMENT OF CAUSE OF DEATH**

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31, No. 3185-7

1

PLACE OF DEATH

NORFOLK  
(County)

BROOKLINE  
(City or Town)

No. TRUMBULL HOSPITAL

St.,

Ward {

2

FULL NAME

CLARA L. GIARLA  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 41 UPLAND ROAD  
(Usual place of abode)

St.,

Ward, WINTHROP, MASS.  
(If nonresident, give city or town and state)

18

DATE OF DEATH

April 19 1938  
(Month) (Day) (Year)

19

I HEREBY CERTIFY, That I attended deceased from

February 1938 to April 1938

I last saw her alive on April 19 1938, death is said to have occurred on the date stated above, at 9:35P.m.

The principal cause of death and related causes of importance in order of onset were as follows:  
Anuria

Contributory causes of importance not related to principal cause:  
Calculus pyonephrosis  
Bilateral  
Pernicious anaemia

Name of operation

What test confirmed diagnosis?

20

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert H. Howard  
(Address) 270 Comm. Av. Boston Date 4/20 1938

21

PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross, Malden  
(Cemetery) (City or town)

DATE OF BURIAL

April 21, 1938

22

NAME OF UNDERTAKER

Michael J. Porcella

ADDRESS

Boston

Received and filed

MAY 5 1938

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE (write the word) MARRIED Married  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of Giabriel Giarla  
(Give maiden name of wife in full)

(or) WIFE of  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 48 Years Months Days  
If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) Feb. 1938

11 Total time (years) spent in this occupation 28

12 BIRTHPLACE (City) (State or country) Revere, Mass.

13 NAME OF FATHER Charles A. Dondero

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Mary Dondero (ok)

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Giabriel Giarla (Husband)  
(Address) 41 Upland Road, Winthrop

A TRUE COPY. Arthur J. Shinnors

ATTEST: (Registrar of city or town where death occurred)

DATE FILED April 20, 1938

1

PLACE OF DEATH

NORFOLK  
(County)

BROOKLINE  
(City or Town)

No. TRUMBULL HOSPITAL

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR.)

65

2

FULL NAME

CLARA L. GIARLA  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 41 UPLAND ROAD  
(Usual place of abode)

St.,

Ward, WINTHROP, MASS.  
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days

How long in U. S., if of foreign birth? yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE (write the word) MARRIED Married  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of Giabriel Giarla  
(Give maiden name of wife in full)

(or) WIFE of  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 48 Years Months Days  
If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) Feb. 1938

11 Total time (years) spent in this occupation 28

12 BIRTHPLACE (City) (State or country) Revere, Mass.

13 NAME OF FATHER Charles A. Dondero

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Mary Dondero (ok)

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Giabriel Giarla (Husband)  
(Address) 41 Upland Road, Winthrop

A TRUE COPY. Arthur J. Shinnors

ATTEST: (Registrar of city or town where death occurred)

DATE FILED April 20, 1938

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 19 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 1938 to April 1938

I last saw her alive on April 19 1938, death is said to have occurred on the date stated above, at 9:35P.m.

The principal cause of death and related causes of importance in order of onset were as follows:  
Anuria

Contributory causes of importance not related to principal cause:  
Calculus pyonephrosis  
Bilateral  
Pernicious anaemia

Name of operation

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert H. Howard  
(Address) 270 Comm. Av. Boston Date 4/20 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden  
(Cemetery) (City or town)

DATE OF BURIAL April 21, 1938

22 NAME OF UNDERTAKER Michael J. Porcella

ADDRESS Boston

Received and filed MAY 5 1938

(Registrar of City or Town where deceased resided)





tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 36. No 9080-F

1 PLACE OF DEATH		Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1		Winthrop (City or Town)		57/38		STANDARD CERTIFICATE OF DEATH	
No. 59 Park Ave		St.		Ward		Registered No. 66	
2 FULL NAME Joseph Farquhar		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran specify WAR)	
(a) Residence. No. 166 Tappan St Brookline		(Usual place of abode)		Ward.		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		years 1 months 27 days		How long in U.S., if of foreign birth?		years months days.	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED	(write the word)				
male	white	widowed					
6a If married, widowed, or divorced HUSBAND of Annie Williams (Give maiden name of wife in full)							
(or) WIFE of (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 AGE	88	6	Months	Days	If less than 1 day	Hours	Minutes
OCCUPATION							
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer							
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business							
10 Date deceased last worked at this occupation (month and year) 1925 11 Total time (years) spent in this occupation 60							
12 BIRTHPLACE (City) Newton Mass (State or country)							
PARENTS							
13 NAME OF FATHER John Farquhar							
14 BIRTHPLACE OF FATHER (City) Scotland (State or country)							
15 MAIDEN NAME OF MOTHER Ellen Webber							
16 BIRTHPLACE OF MOTHER (City) unknown Me. (State or country)							
17 Informant Grace F. Leavitt (Daughter) 166 Tappan St Brookline (Address)							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:							
(Signature of Agent of Board of Health or other Health Officer) 4/22/38 (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH April 21 1938 (Month) (Day) (Year)							
19 I HEREBY CERTIFY That I attended deceased from April 4 1938 to April 21 1938. I last saw him alive on April 19 1938, death is said to have occurred on the date stated above, at 10 A.M. The principal cause of death and related causes of importance in order of onset were as follows: Arterio-Sclerosis - 4 years.							
Contributory causes of importance not related to principal cause: Broncho-Pneumonia Apr. 18							
Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No							
20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Edward J. Stranzen M. D. (Address) 221 Washington Ave Date April 21 1938							
21 Place of Burial, Cremation or Removal (City or Town) Walnut Hills Brookline DATE OF BURIAL April 23 1938							
22 NAME OF UNDERTAKER J. H. Hatcherman S. M. G. Boston ADDRESS Received and filed APR 23 1938 (Registrar)							

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not actually employed only may be returned as at school or at home. For a woman whose only occupation was that of home housework, write to housework. For a person engaged in domestic service for wages, Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc., cotton mill, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical, engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, assthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i> .....	1915
<i>Chronic interstitial nephritis</i> .....	1921
<i>Cerebral hemorrhage</i> .....	July 5, 1927
Contributory causes of importance not related to principal cause:.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered nurse** from whom he has attended during his life, after the death of a person, or from whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sup- posed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, unless he has received from a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave of tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent appointed to issue such permits, of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law of an original instrument by which shall be accompanied, in case of an original instrument by a satisfactory certificate of the attending physician, if any, as re- quired by law, or in lieu thereof a physician, or if for sufficient rea- sons, his certificate cannot be obtained early enough for the pur- pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attend- ing physician. If death is caused by violence the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously issued from one town to an- other within the commonwealth cannot be obtained early enough and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was re- moved within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital served in the army, navy, or marine corps of the United States in any war in which it has been engaged, such recital shall ap- pear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith com- sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician cer- tifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TER- CENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the ob- servance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting sepi- cemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 '36. No. 9080 F

1

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 21 Paine St.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

67

2 FULL NAME

Mary E. Carroll

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran  
specify WAR)

(a) Residence. No. 21 Paine St.

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 41 years

months

days

How long in U.S., if of foreign birth?

years

months

days

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED  
WIDOWED  
or DIVORCED

(write the word)

Single

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

59

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Saleslady

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Jordan Marsh Co.

10 Date deceased last worked at this occupation (month and year)

Jan 1938

11 Total time (years) spent in this occupation

24

12 BIRTHPLACE (City)

Lewiston,

(State or country)

Maine

13 NAME OF FATHER

Patrick Carroll

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary Bulger

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

PARENTS

17

Informant  
(Address)

Mr. E. Carroll

Relation, if any

(brother)

21 Paine St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W.M. Stahel

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April  
(Month)21  
(Day)1938  
(Year)

19 I HEREBY CERTIFY That I attended deceased from

Jan 1938 to April 21, 1938

I last saw him alive on April 17, 1938, death is said

to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary thrombosis

Date of Onset

Important

Contributory causes of importance not related to principal cause:

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Cohen, M. D.

(Address) 108 Marlborough St. Date 4/21/38

21 Winthrop, Winthrop  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL April 25, 1938

22 NAME OF UNDERTAKER

ADDRESS 1642 Commonwealth Ave. Boston

Received and filed

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not a woman whose only occupation was that of housework, write to HOUSEWORK in answer to Question 8 and in my HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	Date of Onset 1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	.....
.....	.....
.....	.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall inform, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has, been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.  
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **diseases resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.



INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-e

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 68

PLACE OF DEATH

Winthorpe

(County)

Winthrop

(City or Town)

No. 23 BelcherSt.                      Ward {(If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Mary E. (Anderson) Lownsbro

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)(a) Residence. No. 23 BelcherSt.                      Ward,                     

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of                     

(Give maiden name of wife in full)

(or) WIFE of George Lownsbro

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

8459

If less than 1 day

AGE 84 Years 5 Months 9 Days                      Hours                      Minutes

OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.House work9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.Own home10 Date deceased last worked at  
this occupation (month and  
year) 193511 Total time (years)  
spent in this  
occupation 60

12 BIRTHPLACE (City)

Boothbay Harbor

(State or country)

Maine13 NAME OF  
FATHERAndrew Anderson14 BIRTHPLACE OF  
FATHER (City)Boothbay Harbor

(State or country)

Maine15 MAIDEN NAME  
OF MOTHERRebecca F. Garney16 BIRTHPLACE OF  
MOTHER (City)Marblehead

(State or country)

Massachusetts

17

Informant  
(Address)Ralph E. Lownsbro (Son)

Relation, if any

23 Belcher St Winthrop MassI HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

April

(Month)

21

(Day)

1935

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Feb 28, 1935, to April 21, 1935.I last saw h. alive on April 21, 1935, death is saidto have occurred on the date stated above, at 11:10 P. m.The principal cause of death and related causes of Importance in order of onset  
were as follows:

Date of Onset

Chronic MyocarditisFeb 1935

Contributory causes of importance not related to principal cause:

Name of operation none Date of                     What test confirmed diagnosis Postmortem Was there an autopsy? no20 Was disease or injury in any way related to occupation of deceased? noIf so, specify G. B. Parker(Signed)                      M. D.(Address) Winthrop Mass Date April 22 193521 PLACE OF BURIAL,  
CREMATION OR REMOVAL Woodlawn Everett

(Cemetery)

(City or town)

DATE OF BURIAL April 23, 193522 NAME OF  
UNDERTAKER Charles R. BennisonADDRESS Winthrop MassReceived and filed                      19                    

A TRUE COPY, ATTEST:

(Registrar)

# RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this column for every person aged 10 years or over. If the occupant has been given up or changed on account of the disease causing disability, report the occupation prior to illness. If the decedent had retired from business, report the occupation prior as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *chief mechanical engineer*, *missing engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise "mechanic" but give the exact occupation, as *carpenter*, *post office machinist*, etc. Distinguish carefully between *flat merchants* and *wholesale merchants*. A person who sells goods should be called a *soldierman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
Date of onset	
Arteriosclerosis	1015
Chronic interstitial nephritis	1021
Cerebral hemorrhage	July 5, 1027
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness or of any member of the family of the deceased, authorize by a signed and stamped certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed cause of death, the disease of which he died, defined as required by section one, of the Act, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....

*No unduly delayed or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body of a human body which has not been buried until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human person dead, move it from a town, from one cemetery to another, or bury or remove it from other than the receiving tomb to another in the same cemetery until he has received a permit from the board of health or its agent. No such permit shall be issued until there shall have been a statement in writing or from the clerk of the town where the body is buried to such board, agent or clerk, as the case may be, a statement written and recorded, which shall be accompanied, in case of a burial, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, which it has been engaged, such recital shall appear upon the permit, The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L., (1894 Edition.)*

## RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(7) Board or Health Physicians who certify disease unrelated to persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **surprisingly due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



.....  
 2 (Registrar)







**Statement of occupation.**—Previous statement of occupation is very important, so that the relative healthiness section for every suit can be known. Make some entry for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If deceased had retired from business, report the occupation prior to retirement. Children not formally employed, may be returned as at school, or at home. For a woman whose occupation was that of home housework, write HOUSEWORK. In answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete an occupation return must state:

of a particular kind of work done.

the business in which the work was done

10.—The month and year the deceased last worked at the occupation.

number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease, or complication of a disease, such as cancer, death, or the mode of dying, e. g., heart failure, pneumonia, asphyxia, asthma, etc. As principal cause name the cause causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

	Date of Onset
The principal cause of death and related causes of importance in order of onset were as follows:	1915
<i>Atherosclerosis</i>	
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his illness, a request of an undertaker or other authorized person or of any member of the family of the deceased furnish to the undertaker a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of death.

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death or the death of **other person** shall bury otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the human body, and no undertaker or other person shall exhume a human body, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained easily enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained easily enough for the purpose, the certificate of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has, been secured as obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the dead was served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

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**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

...He shall in all cases certify to the town clerk or registrar if the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death—GEN. LAWS, CHAP. 38, SEC. 7.

EC. 7.

No undertaker or other person shall bury any human body on the premises thereof which have been brought into the commonwealth until such agent appointed to permit so to do from the board of health has received a permit; or if there is no such permit, he must first obtain one from the clerk of the town where the body is to be buried; or the funeral is to be held, or from a person appointed to have care of the cemetery or burial ground in which the interment is made. . . —Chap. 114, Sec. 46, G. L. (THRESENTIARY EDITION).

# RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized diseases unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiner's** will investigate and certify to all deaths **supposably due to injury**. This includes not only deaths caused directly or indirectly by trauma, but also deaths resulting from transmission of infectious diseases, poisoning by drugs, chemicals, or other substances, burns, frostbite, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 172 Somerset Avenue

St., Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

Registered No. 71

2 FULL NAME Annie Isabel (Dorman) Macquarrie

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 172 Somerset Avenue

(Usual place of abode)

St., Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 7 years 8 months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full) Nell Macquarrie  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 84 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home  
10 Date deceased last worked at this occupation (month and year) April 1938 Total time (years) spent in this occupation 5012 BIRTHPLACE (City) Hantsport  
(State or country) Nova Scotia

13 NAME OF FATHER William Dorman

14 BIRTHPLACE OF FATHER (City) Unable to obtain  
(State or country)

15 MAIDEN NAME OF MOTHER Mary Swallow

16 BIRTHPLACE OF MOTHER (City) Hantsport  
(State or country) Nova Scotia17 Informant Mrs. Henry J. Lane (daughter)  
(Address) 172 Somerset Ave Winthrop Mass

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/25/38

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD  
CERTIFICATE OF DEATH

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 23 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 18 1937 to April 23 1938

I last saw h.e.r. alive on April 23 1938, death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

myocarditis Date of Onset Nov. 1937

Contributory causes of importance not related to principal cause:

arteriosclerosis 1932

Name of operation none Date of none  
What test confirmed diagnosis? Christy's Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Daniel J. O'Shea M. D.  
(Signed) (Address) W. Mass Date April 24 193821 Winthrop Winthrop  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL April 26 1938 1922 NAME OF UNDERTAKER Charles R. Bennison  
ADDRESS Winthrop Mass

Received and filed APR 26 1938 19

A TRUE COPY ATTEST

(Registrar)

N B - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD - in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.





N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34. No. 2938-g

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop (City or Town) No. 30 Cross St. Winthrop St., Ward {			Registered No. 172 (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2	FULL NAME Frank H. Butler (If deceased is a married, widowed or divorced woman, give also maiden name.)			{ (If U. S. War Veteran, specify WAR)	
(a)	Residence. No. 30 Cross St. Winthrop St., Ward,			(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 38 yrs. mos. days.		How long in U. S., if of foreign birth?		yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widower	(write the word)		
5a If married, widowed, or divorced HUSBAND of Emma Caroline Kemp (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 75	Years X	Months 7	Days	If less than 1 day Hours Minutes	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Clerk				
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Shoe store				
10 Date deceased last worked at this occupation (month and year) 1934	11 Total time (years) spent in this occupation 40				
12 BIRTHPLACE (City) (State or country)	Medford Massachusetts				
13 NAME OF FATHER	Myrick Butler				
14 BIRTHPLACE OF FATHER (City) (State or country)	Unable to obtain				
15 MAIDEN NAME OF MOTHER	Sarah W. Damon				
16 BIRTHPLACE OF MOTHER (City) (State or country)	Marshfield Massachusetts				
17 Informant (Address)	Edward Bigelow 30 Cross St. Winthrop Mass				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Childress (Signature of Agent or Board of Health or other) Health Officer (Date of Issue of Permit) 4/27/38					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH	April - 25 - 1938 (Month) (Day) (Year)				
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) acute cardiac failure Probably coronary Sclerosis general arterial Sclerosis collapsed + died quickly					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED (Signed) (Address)	Winthrop Boston Apr - 25 - 1938 M. D.				
21 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL	Marshfield Hills (Cemetery) (City or town) April 27, 1938				
22 NAME OF UNDERTAKER ADDRESS	Charles R. Bennison Winthrop Mass				
Received and filed 19 APR 29 1938 (Registrar)					

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . — *Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . — *General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

### RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

### STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

### DESCRIPTION (for unknown person)

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

1

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 93

No. 7 Beacon

St.

Ward

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Adelaide A. Tarbox Carney  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U.S.  
War Veteran  
specify WAR)

(a) Residence. No. 7 Beacon  
(Usual place of abode)

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 years months days.

How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed	18 DATE OF DEATH April 27, 1938 (Month) (Day) (Year)	
6a If married, widowed, or divorced HUSBAND of Daniel W. Carney (Give maiden name of wife in full) (or) WIFE of Daniel W. Carney (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from March 9, 1938, to April 27, 1938 I last saw h. alive on April 26, 1938, death is said to have occurred on the date stated above, at 6:00 a.m. The principal cause of death and related causes of importance in order of onset were as follows: Arteriosclerosis Chronic myocarditis Date of Onset IMPORTANT 19.3.8 19.3.4	
6 IF STILLBORN, enter that fact here.				
7 AGE 86 Years 7 Months 25 Days If less than 1 day Hours Minutes				
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife			
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home			
10 Date deceased last worked at this occupation (month and year)			11 Total time (years) spent in this occupation	
12 BIRTHPLACE (City) So Boston (State or country) Mass.			Contributory causes of importance not related to principal cause:	
PARENTS	13 NAME OF FATHER Ephraim Eaton Tarbox		Name of operation none Date of 26	
	14 BIRTHPLACE OF FATHER (City) Not known (State or country) Maine		What test confirmed diagnosis? Clinical Was there an autopsy? no	
	15 MAIDEN NAME OF MOTHER Claressa Bickford Clarissa Bickford Tarbox		20 Was disease or injury in any way related to occupation of deceased? no	
	16 BIRTHPLACE OF MOTHER (City) City unknown (State or country) Maine		If so, specify (Signed) Sybilie W. Bickford (Address) Winthrop, Mass. Date Apr 28 1938	
17 Informant Addie M. Griffen (Address) 7 Beacon St Relation, if any (Daughter)			21 Ridge wood North Andover Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL April 29, 1938 19	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childers (Signature of Agent of Board of Health or other Health Officer) 4/29/38 (Date of Issue of Permit)			22 NAME OF UNDERTAKER P. H. White ADDRESS 147 Winthrop St Winthrop Received and filed 19 (Registrar)	

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed only may be returned as at school, or at home. For a woman whose only occupation was that of house housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINSTER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a clerk.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related cause, name earlier morbid conditions, if any, related to the principal cause and any causes of complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes of importance not related to principal cause:</b>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by this section, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously inferred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any way in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiner** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —GEN. LAWS, CHAP. 38, SEC. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physician** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.



information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-f



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 74

1 PLACE OF DEATH  
(County) Winthrop  
(City or Town) Winthrop  
No. Winthrop Community Hospital St. Winthrop Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)  
2 FULL NAME Miriam L. Sutherland { (If U. S. War Veteran, specify WAR)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. 8 Vine ave St. Winthrop Ward 1  
(Usual place of abode)  
Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 days. How long in U. S., if of foreign birth? 30 yrs. 0 mos. 0 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE Married (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married  
5a If married, widowed, or divorced  
HUSBAND of Charles C. Sutherland  
(Give maiden name of wife in full)  
(or) WIFE of Charles C. Sutherland  
(Husband's name in full)  
6 IF STILLBORN, enter that fact here.  
7 AGE 51 Years 0 Months 21 Days If less than 1 day  
Hours 0 Minutes  
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home  
10 Date deceased last worked at this occupation (month and year) 1937 11 Total time (years) spent in this occupation 1937  
12 BIRTHPLACE (City) Cape Sable Island  
(State or country) Nova Scotia  
13 NAME OF FATHER Andrew Brannen  
14 BIRTHPLACE OF FATHER (City) Cape Sable Island  
(State or country) Nova Scotia  
15 MAIDEN NAME OF MOTHER Emma C. Ross  
16 BIRTHPLACE OF MOTHER (City) Cape Sable Island  
(State or country) Nova Scotia  
17 Chas. C. Sutherland Relation, if any (husband)  
Informant (Address) 8 Vine av., Winthrop, Mass.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 27 1938  
(Month) (Day) (Year)  
19 I HEREBY CERTIFY, That I attended deceased from October 8 1937, to April 27 1938  
I last saw him alive on April 27 1938, death is said to have occurred on the date stated above, at 4:45 p.m.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Cerebral Hemorrhage 4/26/38  
Contributory causes of importance not related to principal cause:  
Arteriosclerosis 1937  
Hypertension 1937  
Name of operation none Date of none  
What test confirmed diagnosis clinical Was there an autopsy No  
20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify Jacob Abrams M. D.  
(Signed) 562 Shirley St. Date 4/28/38  
(Address) Winthrop  
21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett  
(Cemetery) (City or town)  
DATE OF BURIAL April 30, 1938  
22 NAME OF UNDERTAKER E. C. Rollins  
ADDRESS 300 Meridian St., E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Wm. F. Childers  
(Signature of Agent of Board of Health or other)  
Health Officer (Official Designation) 4/29/38 (Date of Issue of Permit)

Received and filed 1938  
APR 29 1938 (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make the statement in this section for every person aged 10 years or over. If the occupation has been given up or changed during the year, state the occupation during the year, and the reason for illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family cook*, *hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.1.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full occupational titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *electrical engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *plumber*, *machinist*, *blacksmith*, *tailor*, *seamstress*, *barber*, *shoemaker*, *printer*, *farmer*, *mariner*, etc. Distinguish carefully between *rich merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes, of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
1. ...	...
2. ...	...
3. ...	...
4. ...	...
5. ...	...
6. ...	...
7. ...	...
8. ...	...
9. ...	...
10. ...	...
11. ...	...
12. ...	...
13. ...	...
14. ...	...
15. ...	...
16. ...	...
17. ...	...
18. ...	...
19. ...	...
20. ...	...

*Arteriosclerosis* 107

1927

Cerebral hemorrhage

July 5, 1927

**Contributory causes of importance not related to principal cause:**

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onco<sup>2</sup>, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

## RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Sold or Health** physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **possibly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, those sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk  
County  
Winthrop  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 75

No. 5 Locust St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Harrison  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 5 Locust St., Ward, Winthrop  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 years months days. How long in U.S., if of foreign birth? 32 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Tailor 10 Date deceased last worked at this occupation (month and year) 1-2-38 11 Total time (years) spent in this occupation 40 yrs

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Louis Harrison

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Bertha Landry

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) Same as Harrison (Relation, if any) Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. J. Muldres (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 4/29/38 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 29 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from February 1937, to April 1938. I last saw him alive on April 28, 1938, death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Sclerosis 1933 Coronary Atherosclerosis 1933 Coronary Thrombosis 1938 (acute occlusion) Contributory causes of importance not related to principal cause: Chronic Constipation 1928

Name of operation None Date of operation None What test confirmed diagnosis? None Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No If so, specify Charles Liberman, M.D.

(Signed) Charles Liberman (Address) 26 W. Main Way, Camp Date 4/29/38

21 Place of Burial, Cremation or Removal (City or Town) Beth Goodwin Cemetery DATE OF BURIAL April 29 1938

22 NAME OF UNDERTAKER Wm. J. Muldres ADDRESS 10 W. Main St., Winthrop

Received and filed APR 29 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write a woman in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 3.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc., cotton mill, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, *E. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall, upon death, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent authorized or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as provided. If there is no attending physician, as hereinafter provided, by law, or in lieu thereof a certificate, as hereinafter provided, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . Gen. Laws, Chap. 38, Sec. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—Chap. 114, Sec. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.



MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-0-31. No. 3385-0

1

PLACE OF DEATH

SUFFOLK  
BOSTON  
(County)

(City or Town)

No. Peter Bent Brigham Hosp

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH  
BOSTON  
(City or town making return)  
Registered No. 2983

2 FULL NAME Etienne A Dussault  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. 26 Sturgis St., Ward, Winthrop  
(Usual place of abode)  
(If nonresident, give city or town and state)  
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Marr (write the word)

5a If married, widowed, or divorced Etienne A Dussault HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel  
10 Date deceased last worked at this occupation (month and year) 3/38 11 Total time (years) spent in this occupation 37

12 BIRTHPLACE (City) Canada  
(State or country)

PARENTS 13 NAME OF FATHER Etienne Dussault  
14 BIRTHPLACE OF FATHER (City)  
(State or country)  
15 MAIDEN NAME OF MOTHER  
16 BIRTHPLACE OF MOTHER (City)  
(State or country)

17 Informant wife  
(Address)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 5/38  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/28/38, 19, to 4/5/38, 19  
I last saw him alive on 4/5/38, 19, death is said to have occurred on the date stated above, 3:05p m.  
The principal cause of death and related causes of importance in order of onset were as follows:  
occlusion of coronary artery 1/38  
infarction of myocardium 3/38  
bronchopneumonia 4/1/38  
Contributory causes of importance not related to principal cause: gen arteriosclerosis yrs  
Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy? yes  
20 Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) W B Osgood M. D.  
(Address) Peter Bent Brigham Hosp Date 4/6 19 38  
21 PLACE OF BURIAL Winthrop Winthrop  
(Cemetery) (City or town)  
DATE OF BURIAL 4/9/38 19  
22 NAME OF UNDERTAKER J F O'Maley  
ADDRESS Winthrop  
Received and filed MAY 11 1938 MAY 19 1938 19  
Charles A Winslow City Clerk  
(Registrar of City or Town where deceased resided)













The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

BOSTON  
(City or town making return)

Registered No. 3208

1 PLACE OF DEATH  
(County) SUFFOLK  
(City or Town) BOSTON

No. Peter Bent Brigham Hosp. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alphonse J Poutas  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 235 Bowdoin St., Ward, Winthrop  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED Wid (write the word)

5a If married, widowed, or divorced  
HUSBAND of Bridget Keefe  
(Give maiden name of wife in full)  
(or) WIFE of  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Monument dealer retail  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10 Date deceased last worked at this occupation (month and year) 4/38 11 Total time (years) spent in this occupation 46

12 BIRTHPLACE (City) Canada  
(State or country)

13 NAME OF FATHER Jacques Poutas

14 BIRTHPLACE OF FATHER (City) France  
(State or country)

15 MAIDEN NAME OF MOTHER Malvinia Bonufoud

16 BIRTHPLACE OF MOTHER (City) Canada  
(State or country)

17 Informant Mrs. Julia Miller dau  
(Address)

A TRUE COPY. James A. Burke  
ATTEST: (Registrar of city or town where death occurred)  
4/15/38

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 13/38  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 4/9/38, 19, to 4/13/38, 19.  
I last saw him alive on 4/13/38, 19, death is said to have occurred on the date stated above, at 4/13/38, 19, m.

The principal cause of death and related causes of importance in order of onset were as follows:

thrombosis of coronary arteries 4/11/38  
bronchopneumonia 4/10/38

Contributory causes of importance not related to principal cause:

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.  
(Signed) W. B. Osgood, M. D.

(Address) W. B. Osgood Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL P. Bent Brigham Hosp 4/13 38  
Calvary Waltham Cemetery (City or town)

DATE OF BURIAL 4/15/38 19

22 NAME OF UNDERTAKER C. L. Reade  
ADDRESS Waltham MAY 19 1938

Received and filed MAY 19 1938 19

(Registrar of City or Town where deceased resided) City Clerk





tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE  
 of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very  
 important.

50m-9-31. No. 3185-r

The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
**STANDARD**  
**CERTIFICATE OF DEATH**

BOSTON

(City or town making return)

Registered No. 3661

PLACE OF DEATH

SUFFOLK  
BOSTON  
(County)

(City or Town)

No. Strong Hosp

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter Anthony Tirrell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)

30

(a) Residence. No. 62 Marshall

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Sing (write the word)

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

8 IF STILLBORN, enter that fact here.

7 AGE 1 Years 6 Months 12 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) E Boston (State or country)

13 NAME OF FATHER Henry E Tirrell

14 BIRTHPLACE OF FATHER (City) Boston (State or country)

15 MAIDEN NAME OF MOTHER Alice T Harrington

16 BIRTHPLACE OF MOTHER (City) Somerville (State or country)

17 Informant Father (Address)

A TRUE COPY.

ATTEST: James A. Burke (Registrar of city or town where death occurred)

DATE FILED 4/29/38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 27/38 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 4/19/38, 19, to 4/27/38, 19.

I last saw him alive on 4/27/38, 19, death is said to have occurred on the date stated above at 3:30am m.

The principal cause of death and related causes of importance in order of onset were as follows:

lobar pneumonia

Date of onset

4-28

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. L. Gately, M. D.

(Address) 624 Bennington St Date 4/27 19 38

21 PLACE OF BURIAL CREMATION OR REMOVAL Woodlawn Cemetery Everett (City or town)

DATE OF BURIAL 4/29/38 19

22 NAME OF UNDERTAKER R. C. Kirby

ADDRESS Boston

Received and filed MAY 1 1938 MAY 19 1938 19

(Registrar of City or Town where deceased resided) City Clerk





N R WRITE MAINLY WITH INK. THIS IS A PERMANENT RECORD. DATE OF ONSET AND EXACT STATEMENT OF OCCUPATION ARE VERY IMPORTANT. See instructions and extracts from the laws on back of certificate. 100m-12-35, No. 6156E

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 434 Revere



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

Winthrop  
(City or town making return)

Registered No. 81

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maroy (Cady) Peebles  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran specify WAR)

(a) Residence. No. 434 Revere St., Ward,  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 40 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) MARRIED Married  
WIDOWED or DIVORCED

6a If married, widowed, or divorced HUSBAND of James D. Peebles (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 81 Years 9 Months 5 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home  
10 Date deceased last worked at this occupation (month and year) April 1937 11 Total time (years) spent in this occupation 47

12 BIRTHPLACE (City) Philadelphia (State or country) Pennsylvania

13 NAME OF FATHER Robert Cady

14 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)

15 MAIDEN NAME OF MOTHER Mary Patton

16 BIRTHPLACE OF MOTHER (City) Philadelphia (State or country) Pennslyvania

17 Informant James D. Peebles (Address) (husband)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 1 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 15, 1937 to May 1, 1938  
I last saw her alive on May 1, 1938, death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Bronchio pneumonia 4/25/38  
Atherosclerosis 1936  
Senility 1937

Contributory causes of importance not related to principal cause:

Atherosclerosis 1936  
Senility 1937

Name of operation none Date of operation none  
What test confirmed diagnosis? Superficial. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify: Chest Chicago, Ill. M. D.  
(Signed) 562 Shirley St. Date May 2/38  
(Address) (City or town)

21 Winthrop Winthrop  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL May 3 1938

22 NAME OF UNDERTAKER Charles R. Bennison  
ADDRESS Winthrop Mass

Received and filed MAY 7 1938 19

A TRUE COPY ATTEST. (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Wm. S. Childress  
(Signature of Agent of Board of Health or other)  
Health Officer 5/3/38  
(Official Designation) (Date of Issue of Permit)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement or at home. For a woman whose only occupation was that of housework, write a woman in answer to Question 8 and of housework in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOMER, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, assthenia, etc. As principal cause name the disease causing death. As related causes, name carrier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 46, SEC. 46, G. L. (TERCENTENARY EDITION.) He shall in all cases certify to the name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules, of practice:

- (1) **Attending physicians** will certify to side, date during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners.** These include not only deaths caused directly or indirectly by trauma (including resulting septicaemia), and by direct action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury, or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 1375 No. 6156F

1 PLACE OF DEATH  
 Suffolk (County)  
 Winthrop (City or Town)  
 No. 88 Cliff Ave. St. Ward

2 FULL NAME John McNutt  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 88 Cliff Ave. St. Ward  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 35 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

6a If married, widowed, or divorced HUSBAND of Harriet E. Wilson (Give maiden name of wife in full)  
 (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 10 Months 13 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fur Buyer  
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store  
 10 Date deceased last worked at this occupation (month and year) Aug 1937 11 Total time (years) spent in this occupation 26

12 BIRTHPLACE (City) Boston (State or country) mass.

PARENTS 13 NAME OF FATHER John J. McNutt  
 14 BIRTHPLACE OF FATHER (City) Truro (State or country) N.S.  
 15 MAIDEN NAME OF MOTHER Margaret Hall  
 16 BIRTHPLACE OF MOTHER (City) Jefferson (State or country) Me.

17 Mrs Harriet E. McNutt (Wife) Relation, if any Informant (Address) 88 Cliff Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
 Wm. S. Childress (Signature of Agent of Board of Health or other Health Officer) 5/2/38 (Date of Issue of Permit)

The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS



STANDARD  
 CERTIFICATE OF DEATH

To be filed for burial permit  
 with Board of Health  
 or its Agent.

Registered No. 82

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (If U. S.  
 War Veteran  
 specify WAR)

18 DATE OF DEATH 5 2 38  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 1937 to May 2, 1938

I last saw him alive on May 2, 1938, death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Stenosis  
 Date of Onset IMPORTANT 1937

Contributory causes of importance not related to principal cause:  
 emphysema

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Harry C. Hall M.D. (Address) 152 1938

21 Forest Hills Cem Boston Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 5 1938

22 NAME OF UNDERTAKER J. S. Waterman ADDRESS 495 Comm Ave. Boston

Received and filed MAY 1 1938 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer shall forthwith** after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, Sec. 9.

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than from the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, while the clerk or registrar may require.—CHAP. 114, Sec. 45, G. L. (TERRENTREARY EDITION.)**

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, Sec. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, Sec. 46, G. L. (TERRENTREARY EDITION.)

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** and the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

## RULES OF PRACTICE



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 '36, No. 9080 F

1

PLACE OF DEATH

Suffolk  
(County)  
Wentworth  
(City or Town)

2

FULL NAME

Mary Hantave  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a)

Residence. No.

36 Forest St., Wentworth  
(Usual place of abode)

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

years

months

days.

How long in U.S., if of foreign birth?

years

months

days.

To be filed for burial permit with Board of Health or its Agent.

82

Registered No.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



STANDARD  
CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE MARRIED WIDOWED or DIVORCED

(write the word)  
married

6a

If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)  
Tashiolas Hantave  
(Husband's name in full)

6

IF STILLBORN, enter that fact here.

7

AGE

67

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

own home

10 Date deceased last worked at this occupation (month and year)

May 1937

11 Total time (years) spent in this occupation

40

12

BIRTHPLACE (City)

(State or country)

Greece

13

NAME OF FATHER

Thomas Tamiolas

14

BIRTHPLACE OF FATHER (City)

(State or country)

Greece

15

MAIDEN NAME OF MOTHER

Helen Katsianos

16

BIRTHPLACE OF MOTHER (City)

(State or country)

Greece

MEDICAL CERTIFICATE OF DEATH

18

DATE OF DEATH

May 3 1938  
(Month) (Day) (Year)

19

I HEREBY CERTIFY, That I attended deceased from

February 15, 1938, to May 3, 1938

I last saw her alive on May 3, 1938, death is said to have occurred on the date stated above, at 109:1 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of transverse colon  
1937

Contributory causes of importance not related to principal cause:

Several carcinomas 1938

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacoby Adams M. D.  
(Address) 362 Stanley St. Boston  
Date 5/2/38

21

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

May 5 1938

22

NAME OF UNDERTAKER

ADDRESS

1054 Washington St. Boston

Received and filed

May 7 1938  
(Registrar)

17

Informant

Tashiolas Hantave (husband)

(Address)

36 Forest St. Wentworth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress  
(Signature of Agent of Board of Health or other Health Officer)

5/4/38  
(Date of Issue of Permit)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. For example, if the occupation had been given person aged 15 years or over. If the occupation had been given person aged 15 years or over, if the disease causing death, report the up or changed to account of the disease causing death, report the occupation report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatsoever write NONE.

To be complete, an occupation return must state:

8—The trade, profession, or particular kind of work done.

9 — The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease or complication that caused death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the immediate cause of death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<b>The principal cause of death</b> and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes</b> of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer, *in person*, after the death of a person whom he has attended during his life, or a person who has been under his medical treatment, or, in the case of a child, a parent or other person authorized by law, or a person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by the Act, the date and place of death, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAW CHAP. 46, SEC. 9.

GEN. LAWS, CHAP. 46, SEC. 9

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body

which has or been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, addressed to him, to permit him to remove the body. If the body is not so delivered to such board, agent or other person, there shall be a satisfactory written statement concerning the facts required, in case of an original interment, by a certificate of the board of health, or if there is no such board, by a satisfied jury, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician; death is caused by violence, the medical examiner

shall make such certificate, such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal: provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been secured in the interim. If the death certificate contains a recital, obtained hereunder.

as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased or as to the manner or cause of the death, which the clerk or registrar may require.—CHAF. 114, SEC. 45., G. L. (TERMINARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of **any** such persons as are supposed to have died by violence. . . .—Gen. LAWS, CHAP. 38, SEC. 6

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—Gen. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body on the premises of a cemetery or burying place until the person or persons in charge of the same have been notified in writing by the board of health, and until he has received a permit so to do from the board, and until the body has been examined by the board, and until the board has determined that the body is to be buried, and until the funeral is to be held, or from a person appointed to have the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. —CHAP. 114, Sec. 46, G. L. (TERCENTENARY EDITION.)

# RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized diseases unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Mental Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septal hematoma), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-0-31. No. 3385-r

1 PLACE OF DEATH { SUFFOLK (County) BOSTON (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (City or town making return)	
		STANDARD CERTIFICATE OF DEATH		Registered No. 4062	
No. Strong Hosp		St.,		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Caroline Maiellano (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR) 85			
(a) Residence. No. 204 Shirley		St.,		Ward, Winthrop (If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.	mos.	days.	How long in U. S., if of foreign birth? yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX F	4 COLOR OR RACE W	5 SINGLE (write the word) MARRIED WIDOWED Wid or DIVORCED			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Joseph Maiellano (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 78		Years		Months Days	
		If less than 1 day		Hours Minutes	
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home				
	10 Date deceased last worked at this occupation (month and year) - 11 Total time (years) spent in this occupation.				
12 BIRTHPLACE (City) (State or country) Italy					
PARENTS	13 NAME OF FATHER Joseph Famiglietti				
	14 BIRTHPLACE OF FATHER (City) (State or country) Italy				
	15 MAIDEN NAME OF MOTHER Rose Sacri				
	16 BIRTHPLACE OF MOTHER (City) (State or country) Italy				
17 Informant Frank son (Address)					
A TRUE COPY. James A. Burke ATTEST: (Registrar of city or town where death occurred) DATE FILED 5/12/38 19					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH May 9/38 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from 4/5/38, 19, to 5/9/38, 19 I last saw him alive on 5/9/38, 19, death is said to have occurred on the date stated above at 12:15a m. The principal cause of death and related causes of importance in order of onset were as follows: chronic parenchymatous nephritis arteriosclerosis yrs acute bronchitis 3 da Contributory causes of importance not related to principal cause: Name of operation Date of What test confirmed diagnosis? Was there an autopsy?					
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. H. Strong, M. D. (Address) 52 Monmouth St Date 5/9 1938					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Malden (City or town) DATE OF BURIAL 5/11/38 19					
22 NAME OF UNDERTAKER P. Papino ADDRESS Boston JUN 11 1938 Received and filed 19 (Registrar of City or Town where deceased resided)					





tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3185-g



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 86

1 PLACE OF DEATH

(County)

(City or Town)

No. John Henry Mars St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

St. Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE  
MARRIED  
WIDOWED  
or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

5/10/38  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

19, to 19

I last saw h..... alive on 19, death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery) (City or town)

DATE OF BURIAL 19

22 NAME OF UNDERTAKER

ADDRESS

Received and filed 19

(Registrar of City or Town where deceased resided)





1 PLACE OF DEATH  
Suffolk County  
Smithrop  
(City or Town)

2 FULL NAME  
Jane Finch  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 117 Hermon St., Ward 87  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) (State or country) Manchester England

13 NAME OF FATHER Thomas Lamb

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Elizabeth Carr

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant (Address) William D. Childress Health Officer 5/14/38

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:  
(Signature of Agent of Board of Health or other)

THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH  
Registered No. 3372

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U.S. War Veteran specify WAR)

18 DATE OF DEATH 5 11 38 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 4/27, 1938, to 5/11, 1938. I last saw him alive on 5/11, 1938, death is said to have occurred on the date stated above, at 11 A.M. The principal cause of death and related causes of importance in order of onset were as follows: chronic Nephritis. Date of Onset IMPORTANT

Contributory causes of importance not related to principal cause: General Intestine Obstruction

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Date 5/12/38

21 Place of Burial, Cremation or Removal (City or Town) Woodlawn Everet DATE OF BURIAL May 14 1938 NAME OF UNDERTAKER J. Kirby ADDRESS East Boston

Received and filed 19 (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, nor the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause, name the disease causing death. As related causes, name cardiac, renal, and other conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes of importance not related to principal cause:</b>	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with the physician or registered hospital medical attendant during his last illness, a physician, an undertaker, or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**Undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and the undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to the same cemetery, until he has received a permit from the board of health or its agent authorized or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall immediately make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the Commonwealth cannot be obtained early enough and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal, provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the removal of such body has been sooner obtained by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such removal shall apply upon the person. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45. G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **unavoidably due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36. No. 9080-g

Essex



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Danvers

(County)  
Danvers

(City or town making return)

PLACE OF DEATH

1

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or Town) State Hospital

William E. Dow

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

54 Highland Ave.

(a) Residence. No.

(Usual place of abode)

St., Ward,

Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

16

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male white

4 COLOR OR RACE

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

widowed

5a If married, widowed, or divorced

HUSBAND of Cannot be learned

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 70

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salesman

9 Industry or business in which work was done, as silk reeler, saw mill, bank, etc.

Porter Wright Co.

10 Date deceased last worked at this occupation (month and year)

1928

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Haverhill

13 NAME OF FATHER

Ezekiel Dow

14 BIRTHPLACE OF FATHER (City)

(State or country)

Cannot be learned

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Cannot be learned

17 Mary K. McPhillips

Relation, if any

Informant (Address)

DSL

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

5/18/38

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May 12, 1938.

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from April 26, 1938, to May 12, 1938.

I last saw him alive on May 12, 1938, death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chr. vascular nephritis 8 mo. Date of onset

Bronchopneumonia 3 days

Chronic myocarditis 1 yr.

Generalized arteriosclerosis 1 yr.

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis autopsy Was there an autopsy yes

20 Was disease or injury in any way related to occupation of deceased? 0

If so, specify

(Signed) Melvin Goodman

M. D.

(Address)

DSL

Date 5/14/38

21 Place of Burial, Cremation or Removal. Newton Newton (City or Town)

DATE OF BURIAL

5/17/38

19

22 NAME OF C. R. Bennett

UNDERTAKER

ADDRESS

Winthrop

Received and filed JUN 9 1938 19

(Registrar of City or Town where deceased resided)





WRITE IN INK ONLY WITH INK. BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated in years and months. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 80

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



No. 48 Trident Ave

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jessie Quint

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

48 Trident Ave

St.,

Ward

Winthrop Mass

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

6 years

months

days.

How long in U.S., if of foreign birth? 37 years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE

(write the word)

MARRIED  
WIDOWED  
or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

52

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10 Date deceased last worked at this occupation (month and year)

1937

11 Total time (years) spent in this occupation

2 years

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Joseph Quint

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Minnie Schubert

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

PARENTS

17

Informant (Address)

Mimera Bower (Niece)  
48 Trident Ave Winthrop

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers

(Signature of Agent of Board of Health or other)

agent

(Official Designation)

May 13/38

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May

13

1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 1938, to May 13, 1938

I last saw h. e. alive on May 13, 1938, death is said

to have occurred on the date stated above, at 104 m.

The principal cause of death and related causes of importance in order of onset were as follows:

myocarditis  
chronic nephritis

Date of Onset

IMPORTANT

1/13/38

Contributory causes of importance not related to principal cause:

Name of operation.....Date of.....

What test confirmed diagnosis?.....Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased? .....

If so, specify.....

(Signed) J. D. Childers M. D.

(Address) 108 M... Date 5/13/1938

21 Place of Burial, Cremation or Removal (City or Town)

Chel Jacob Cem Winthrop

DATE OF BURIAL May 15, 1938

22 NAME OF UNDERTAKER

Mameel Starzetsky

ADDRESS 10 Wash. St. Dor.

Received and filed.....19.....

MAY 16 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Enter in some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed in recent years, report the cause of the change, and the date of change, prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not presently employed may be returned as AT SCHOOL or AT HOME. For a household member whose only occupation was that of own housework, write HOUSEWOMAN in answer to Question 8 and of own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY COOK—HOTEL, etc. For a person who had no occupation whatever, write NONE.

To be complete, an occupation return must state:

9 The trade, profession, or particular kind of work done.

9 The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.**

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication, or cause of death, not the mode of dying, e. g., or contributory cause, e. g., pneumonia, or influenza, or heart failure, or complications, e. g., pulmonary embolism, or asphyxia, or asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of death, name other important causes, if any, not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<b>The principal cause of death</b> and related causes of importance in order of onset were as follows:	1915
<i>Arteriosclerosis</i>	1921
<i>Chronic interstitial nephritis</i>	July 5, 1927
<i>Cerebral hemorrhage</i>	
<b>Contributory causes</b> of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

[illegible]

date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9  
M. LAWS, CHAP. 46, SEC. 9 shall bury or oth

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the person died; and no undertaker from any other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent appointed to issue such permits; and if there is no such board, from the clerk of the town where the body was buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be acknowledged in case of an original instrument, by a satisfactory certificate of the attending physician. If any, as required by law, is not furnished, the certificate as hereinbefore provided for, shall be null and void. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or if it is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner of said human body shall certify. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided for, shall be null and void. If the body is to be removed, and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form be obtained for the removal of such body, and a permit for the removal of such body shall have been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—**CHAP. 114, Sec. 45, G. L. (Tercentenary Edition.)**

**Medical examiners.** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —**GEN. LAWS, CHAP. 38, Sec. 6.**

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—**GEN. LAWS, CHAP. 38, Sec. 7.**

# RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners.** These individuals not only deaths caused **supposably** directly by traumatic injuries (including "resisting spirit-  
centia") and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 90

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)



No. 37 Neptune ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Fuller Byrne Fuller (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 39 Neptune ave St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 40 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED widowed (write the word)

6a If married, widowed, or divorced HUSBAND of Edward F. Byrne (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 86 Years 3 Months 5 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) May 10 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Salem (State or country) Mass

13 NAME OF FATHER David Fuller

14 BIRTHPLACE OF FATHER (City) unable to obtain (State or country)

15 MAIDEN NAME OF MOTHER Mary Andrews

16 BIRTHPLACE OF MOTHER (City) unable to obtain (State or country)

17 Informant Blanch E. Byrne (Address) 39 Neptune ave. Winthrop Relation, if any (Daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress (Signature of Agent of Board of Health or other)

Health Officer 5/6/34 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 13, 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 23, 1937, to Dec 21, 1937. I last saw her alive on Dec 21, 1937, death is said to have occurred on the date stated above, at 8-a.m. The principal cause of death and related causes of importance in order of onset were as follows:

arteriosclerosis 1928  
chronic myocarditis 1934

Contributory causes of importance not related to principal cause:

Name of operation None Date of V What test confirmed diagnosis? Clinical Was there an autopsy? NO

20 Was disease or injury in any way related to occupation of deceased? NO If so, specify Gynecological sickness (Signed) Gynecological sickness (Address) Winthrop Mass May 19 38

21 Place of Burial, Cremation or Removal Winthrop Mass (City or Town) DATE OF BURIAL May 16 1938

22 NAME OF UNDERTAKER C. R. Benson ADDRESS Winthrop Mass

Received and filed 19

A TRUE COPY ATTEST (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not actually employed may be returned as at school or at home. For housework whose only occupation was that of home housework, enter housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINSTER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms, "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of Onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i> .....	1915
<i>Chronic interstitial nephritis</i> .....	1921
<i>Cerebral hemorrhage</i> .....	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, the best for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sex, age, date of birth, date of death, the disease or diseases which caused his death, the place where he died, the duration of his last illness, when last seen alive by the physician or officer and the state of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall remove a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned, and recorded, which shall be accompanied, in case of an original, and by a satisfactory certificate of the attending physician, as hereinafter provided, by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided for the purpose, the certificate of death needed to make such a removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of a certificate contains a receipt, obtained hereunder. If the death certificate contains a receipt, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such receipt shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## **RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injuries**. These include not only deaths caused directly or indirectly by Traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.



1 PLACE OF DEATH  
Suffolk (County)  
Winthrop (City or Town)  
No. 289 Pleasant



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 91

2 FULL NAME William J. Shea  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(If U. S. War Veteran specify WAR)

(a) Residence. No. 289 Pleasant St., Ward, (If nonresident, give city or town and state)  
Length of residence in city or town where death occurred / years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male  
4 COLOR OR RACE White  
5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Rose Macneil (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years Months Days If less than 1 day Hours Minutes

OCCUPATION  
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. store  
10 Date deceased last worked at this occupation (month end year) Aug/1937  
11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City) Boston  
(State or country) Mass

13 NAME OF FATHER John J. Shea

14 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

15 MAIDEN NAME OF MOTHER Catherine Marshall

16 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)

17 Informant Mrs. Kenneth Organ (Sister)  
(Address) 289 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
W.M. D. (Signature of Agent of Board of Health or other)  
Health Officer (Official Designation) 5/17/38 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 14 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 14, 1938.  
I last saw him alive on May 13, 1938 death is said to have occurred on the date stated above, at 2:30 a.m.  
The principal cause of death and related causes of importance in order of onset were as follows:

Gen. Circumstances Date of Onset  
Carcinoma of the Lung 6/20/38  
Contributory causes of importance not related to principal cause:  
Carcinoma of the Liver 1938  
(Mandible)

Name of operation Date of  
What test confirmed diagnosis? Exam Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify M. S. Karsels  
(Signed) 639 Broadway Date 5/16 1938  
(Address)

21 Winthrop Winthrop  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL May 17 1938

22 NAME OF UNDERTAKER R. C. Kish  
ADDRESS 17 Bennington St. E. Boston

Received and filed May 17 1938  
(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as that of home housework, write a woman whose only occupation was at home housework in answer to Question 9. For a person engaged in domestic service for wages, Question 9. For a person engaged in the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes name other morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:		Date of Onset
<i>Arteriosclerosis</i>		1915
<i>Chronic interstitial nephritis</i>		1921
<i>Cerebral hemorrhage</i>		July 5, 1921
<b>Contributory causes of importance not related to principal cause:</b>		

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

*Dr Hassell 639 Broadway Everett*

with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb of other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical certificate or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **unavoidably due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS

To be filed for burial permit  
 with Board of Health  
 or its Agent.

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)



## STANDARD

## CERTIFICATE OF DEATH

Registered No. 92

No. Winthrop Community Hospital St.,          Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Allan Mac Quarrie

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 161 Washington Ave.,

(Usual place of abode)

St.,          Ward,  
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 40 years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced HUSBAND of Lillian Bryan Mac Quarrie  
(Give maiden name of wife in full)

(or) WIFE of           
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years 11 Months 15 Days If less than 1 day  
Hours          Minutes         

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant  
10 Date deceased last worked at this occupation (month and year) 1930 11 Total time (years) spent in this occupation 47

12 BIRTHPLACE (City) Pembroke, Me.  
(State or country)

13 NAME OF FATHER William A. MacQuarrie

14 BIRTHPLACE OF FATHER (City) Nova Scotia  
(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Hickey

16 BIRTHPLACE OF MOTHER (City) Pembroke  
(State or country) Maine

17 Informant Lillian MacQuarrie (Address) 161 Washington Ave., Winthrop Relation, if any (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. M. D. Childress  
(Signature of Agent of Board of Health or other)  
Health Officer (Official Designation) 5/18/38 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 15 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 13, 1938, to May 15, 1938.  
I last saw him alive on May 15, 1938, death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Ruptured duodenal ulcer  
Contributory causes of importance not related to principal cause:  
Pertussis  
Date of Onset May 14, 1938  
IMPORTANT

Suture of rupture  
Name of operation          Date of May 14, 1938  
What last confirmed diagnosis Exploration Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify           
(Signed) Samuel J. O'Brien M. D.  
(Address) 200 W. 2nd St. Winthrop Date May 17, 1938

21 Mt. Auburn Crematory Cambridge  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL May 18, 1938

22 NAME OF UNDERTAKER           
ADDRESS 147 Winthrop St., Winthrop

Received and filed May 19 1938 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed 10 years or over. If the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. (Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asbhenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with, after the death of a person whom he has attended, authorized last illness, at the request of an undertaker or other person authorized for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove, therefrom a human body which has not been buried, until he has received from a human body or the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original permit, by a satisfactory certificate of the attending physician. If any person, satisfied by law, or in lieu thereof a certificate, as hereinafter provided, If there is no attending physician, or if, for any reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker, desiring to make such a removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal as required by section ten of chapter forty-six of the United States served in the army, navy or marine corps, such rectal shall appear in any way in which it has been engaged, such as agent, upon receipt of such statement and certified to, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, with the clerk or registrar may require.—CHAP. 114, SEC. 45. G. L. (TERCENTENARY EDITIONS.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6  
He shall in all cases certify that to his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery. . . . CHAP. 114, SEC. 46. G. L. (TERCENTENARY EDITIONS.)

# RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, from injury or infection related to occupation, from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



Every item of information on this form is a permanent record. It is a permanent record of the date of onset and exact statement of occupation are very important. See instructions and extracts from the laws on back of certificate.

100m 12 '35 No. 6156P

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 31 River Rd

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

93

2 FULL NAME Esther A. Rowe Sullivan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 31 River Rd

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 32

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City)

(State or country)

Wales

13 NAME OF FATHER

George W. Rowe

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Ann M. Davis

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Relation, if any

Informant (Address)

Mrs. William Fanning (Daughter)  
31 River Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran

(specify WAR)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May

15

1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 10, 1938

to May 15, 1938

1938

I last saw him alive on

May 15, 1938

1938

to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset  
IMPORTANT

Cerebral Embolism

5/10

Contributory causes of importance not related to principal cause:

Hypertension

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

C. J. Fanning

M. D.

Date 5/15 1938

21 Holy Cross Malden

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL May 17 1938

19

22 NAME OF UNDERTAKER

ADDRESS

John J. Fanning  
Winthrop 1938

Received and filed

19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various occupations can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children. For a woman whose only occupation was that of home housewife, write "housewife" in answer to (Question 8 and own home, in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication when causes death, nor the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1922
<i>Contributory causes of importance not related to principal cause:</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other attendant, furnish person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, as hereinafter provided by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, if, for sufficient reasons, his certificate cannot be obtained easily enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such permit for the removal of a human body, not previously obtained, be obtained early enough other within the commonwealth certificate made as above provided for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retinal, obtained in the army, navy or marine corps of the United States as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examination** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall, in all cases, certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114 SEC. 46, G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons from whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 94

No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eber Irving Wells

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 7 Elmwood Court

(Usual place of abode)

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 27 years 8 months 5 days.

How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED Married
---------------	--------------------------	--

(write the word)

6a If married, widowed, or divorced  
HUSBAND of Lillian Montgomery

(Give maiden name of wife in full)

(or) WIFE of  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 53 Years 1 Months 23 Days If less than 1 day  
Hours Minutes

OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Teacher
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	School
	10 Date deceased last worked at this occupation (month year)	May 1938

11 Total time (years) spent in this occupation 27

12 BIRTHPLACE (City) Lynn  
(State or country) Massachusetts

13 NAME OF FATHER Charles Rollin Wells

14 BIRTHPLACE OF FATHER (City) Albion  
(State or country) New York

15 MAIDEN NAME OF MOTHER Alice Barker

16 BIRTHPLACE OF MOTHER (City) Naples  
(State or country) Maine17 Informant Lillian M. Wells (wife)  
(Address) 7 Elmwood Ct. Winthrop Mass

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH May 15, 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from May 10, 1938 to May 15, 1938

I last saw him alive on May 15, 1938 death is said to have occurred on the date stated above, at 4:25 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute gangrenous appendicitis 5/1/38

Diffuse General Septic

Peritonitis 5/7/38

Chronic myocarditis 1935.

(Contributing cause)

Contributory causes of importance not related to principal cause:

Name of operation Appendectomy Date of 5/10/38  
What test confirmed diagnosis? Clinical Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify No.  
(Signed) G. W. Richardson, M.D.  
(Address) Winthrop, Mass. Date May 16, 193821 Winthrop Winthrop  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL May 18 193822 NAME OF UNDERTAKER Charles R. Bennison  
ADDRESS Winthrop Mass

Received and filed May 17 1938 19

A TRUE COPY ATTEST

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write "housework" in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINSTER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying. E. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, deemed as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the state of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned, and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal, provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of a dead body has been sooner obtained hereunder. If the death certificate that the deceased served in the army, navy or marine corps of the United States appears in any war in which it has been engaged, such record shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia, and by agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, and the sudden death of persons not disabled by recognized disease, and those of persons found dead.



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Boston City Hosp

St., Ward

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

Registered No. 4264

2 FULL NAME Charles L. McCarthy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)

95

(a) Residence. No. 58 Emerson Rd

St., Ward, Winthrop

(If not a resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Marr (write the word)

5a If married, widowed, or divorced HUSBAND of Emma M Davis  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 55 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock Exchange

10 Date deceased last worked at this occupation (month and year) 5/38 11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) So Boston  
(State or country)

13 NAME OF FATHER John McCarthy

14 BIRTHPLACE OF FATHER (City) Boston  
(State or country)

15 MAIDEN NAME OF MOTHER Margaret Murray

16 BIRTHPLACE OF MOTHER (City) Boston  
(State or country)17 Informant wife  
(Address)

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 5/19/38

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 15/38  
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

multiple fractures of ribs with left hemo-  
pneumo thorax  
fractured clavicle  
terminal bronchopneumonia

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident, Suicide or Homicide? Date of injury 19

Where did injury occur? (City or town and State)

Manner of Injury probably struck by street railway  
Nature of Injury car in subway station?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify. (Signed) T. Leary, M. D.  
(Address) Boston Date 5/16 19 3822 PLACE OF BURIAL, CREMATION OR REMOVAL New Calvary  
(Cemetery) (City or town)

DATE OF BURIAL 5/18/38 19

23 NAME OF UNDERTAKER F J Magrath  
ADDRESS Boston

Received and filed JUN 11 1938 19

(Registrar of City or Town where deceased resided)





Registered No. 96

(City or Town)

St.,-----Ward } (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

St., \_\_\_\_\_ Ward, \_\_\_\_\_  
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred      years      months      days.      How long in U.S., if of foreign birth?      years      months      days.

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH..... May 17 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1937, to May 17, 1938.  
I last saw him alive on May 17, 1938, death is said  
to have occurred on the date stated above, at 104 m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
1.	10-11-68
2.	11-12-68
3.	12-13-68
4.	13-14-68
5.	14-15-68
6.	15-16-68
7.	16-17-68
8.	17-18-68
9.	18-19-68
10.	19-20-68
11.	20-21-68
12.	21-22-68
13.	22-23-68
14.	23-24-68
15.	24-25-68
16.	25-26-68
17.	26-27-68
18.	27-28-68
19.	28-29-68
20.	29-30-68
21.	30-31-68
22.	31-1-69
23.	1-2-69
24.	2-3-69
25.	3-4-69
26.	4-5-69
27.	5-6-69
28.	6-7-69
29.	7-8-69
30.	8-9-69
31.	9-10-69
32.	10-11-69
33.	11-12-69
34.	12-13-69
35.	13-14-69
36.	14-15-69
37.	15-16-69
38.	16-17-69
39.	17-18-69
40.	18-19-69
41.	19-20-69
42.	20-21-69
43.	21-22-69
44.	22-23-69
45.	23-24-69
46.	24-25-69
47.	25-26-69
48.	26-27-69
49.	27-28-69
50.	28-29-69
51.	29-30-69
52.	30-31-69
53.	31-1-70
54.	1-2-70
55.	2-3-70
56.	3-4-70
57.	4-5-70
58.	5-6-70
59.	6-7-70
60.	7-8-70
61.	8-9-70
62.	9-10-70
63.	10-11-70
64.	11-12-70
65.	12-13-70
66.	13-14-70
67.	14-15-70
68.	15-16-70
69.	16-17-70
70.	17-18-70
71.	18-19-70
72.	19-20-70
73.	20-21-70
74.	21-22-70
75.	22-23-70
76.	23-24-70
77.	24-25-70
78.	25-26-70
79.	26-27-70
80.	27-28-70
81.	28-29-70
82.	29-30-70
83.	30-31-70
84.	31-1-71
85.	1-2-71
86.	2-3-71
87.	3-4-71
88.	4-5-71
89.	5-6-71
90.	6-7-71
91.	7-8-71
92.	8-9-71
93.	9-10-71
94.	10-11-71
95.	11-12-71
96.	12-13-71
97.	13-14-71
98.	14-15-71
99.	15-16-71
100.	16-17-71
101.	17-18-71
102.	18-19-71
103.	19-20-71
104.	20-21-71
105.	21-22-71
106.	22-23-71
107.	23-24-71
108.	24-25-71
109.	25-26-71
110.	26-27-71
111.	27-28-71
112.	28-29-71
113.	29-30-71
114.	30-31-71
115.	31-1-72
116.	1-2-72
117.	2-3-72
118.	3-4-72
119.	4-5-72
120.	5-6-72
121.	6-7-72
122.	7-8-72
123.	8-9-72
124.	9-10-72
125.	10-11-72
126.	11-12-72
127.	12-13-72
128.	13-14-72
129.	14-15-72
130.	15-16-72
131.	16-17-72
132.	17-18-72
133.	18-19-72
134.	19-20-72
135.	20-21-72
136.	21-22-72
137.	22-23-72
138.	23-24-72
139.	24-25-72
140.	25-26-72
141.	26-27-72
142.	27-28-72
143.	28-29-72
144.	29-30-72
145.	30-31-72
146.	31-1-73
147.	1-2-73
148.	2-3-73
149.	3-4-73
150.	4-5-73
151.	5-6-73
152.	6-7-73
153.	7-8-73
154.	8-9-73
155.	9-10-73
156.	10-11-73
157.	11-12-73
158.	12-13-73
159.	13-14-73
160.	14-15-73
161.	15-16-73
162.	16-17-73
163.	17-18-73
164.	18-19-73
165.	19-20-73
166.	20-21-73
167.	21-22-73
168.	22-23-73
169.	23-24-73
170.	24-25-73</

Central hemorrhage  
Chronic myocarditis

Contributory causes of importance not related to principal cause:	
Chronic Nephritis	1933
Diabetes mellitus	1938
Hypertension	1935

Name of operation.....Date of.....  
What test confirmed diagnosis? *Clinical*.....Was there an autopsy? *Yes*

20 Was disease or injury in any way related to occupation of deceased? ..... No ..  
If so, specify ..... Not applicable .....

(Signed) Charles Valens M. D.  
(Address) 352 Pleasant St Date 5/17 1938

21. Holy Cross Valden  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL May 19 1958 19  
22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Wintiron, Massachusetts.

Received and filed.....19.....

MAY 19 1956

(Registrar)





WRITE PLAINLY WITH INK. THIS IS A PERMANENT RECORD. Every item of information should be stated fully and in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3185-g

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH



Cambridge

(City or town making return)

Registered No. 653

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward Keenan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 11 Locust St.

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W.

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of Sarah Deacey

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 88 Years Months Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Sail Maker

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Ship yard

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Dublin  
(State or country) Ireland

13 NAME OF FATHER John Keenan

14 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

15 MAIDEN NAME OF MOTHER Bridget Connolly

16 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)

17 Informant Mrs Jos Eldridge daughter  
(Address) 11 Locust St. Winthrop

A TRUE COPY.

May 19 1938

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Frederick H. Burke 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May 17 1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 1 1938, to May 17 1938

I last saw him alive on May 16 1938, death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Arterio Sclerosis about 1930

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Daniel Mac Killop, M. D.

(Address) Cambridge Date 5/17 1938

21 PLACE OF BURIAL Holy Cross Cem. Malden  
(Crematory) (City or town)

DATE OF BURIAL May 19 1938

22 NAME OF UNDERTAKER R Kirby

ADDRESS East Boston

Received and filed May 19 1938

(Registrar of City or Town where deceased resided)





tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCURRENCE are very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

SUFFOLK.  
(County)  
WINTHROP, MASS.  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 98

WINTHROP COMMUNITY HOSPITAL.  
No. \_\_\_\_\_ St., \_\_\_\_\_ Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME BABY MALE KEARNEY.  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 GORDON ROAD, LYNN.. St., \_\_\_\_\_ Ward, \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX MALE 4 COLOR OR RACE WHITE 5 SINGLE MARRIED WIDOWED OR DIVORCED SINGLE (write the word)

6a If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (Give maiden name of wife in full)  
(or) WIFE of \_\_\_\_\_ (Husband's name in full)

6 IF STILLBORN, enter that fact here. STILLBORN.

7 AGE \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 1 day Hours \_\_\_\_\_ Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10 Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11 Total time (years) spent in this occupation \_\_\_\_\_

12 BIRTHPLACE (City) \_\_\_\_\_ WINTHROP, MASS. (State or country)

13 NAME OF FATHER FREDERICK KEARNEY.

14 BIRTHPLACE OF FATHER (City) BOSTON, MASS. (State or country)

15 MAIDEN NAME OF MOTHER MARGARET CURTIN.

16 BIRTHPLACE OF MOTHER (City) BOSTON, MASS. (State or country)

17 Informant FREDERICK KEARNEY. (FATHER.) (Address) 25 GORDON ROAD, LYNN, MASS.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress  
(Signature of Agent of Board of Health or other)

Agent May 20/38  
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 19, 1938  
(Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from May 19, 1938 to May 19, 1938  
I last saw him alive on May 19, 1938, death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Still born

Date of Onset  
IMPORTANT

Contributory causes of importance not related to principal cause:

Transverse position with contracted pelvis. Version.

Version

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

20 Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) George H. Edwards, M. D.  
(Address) 190 Pine St. E.B. Date 5/19/38

GARDEN. CHELSEA, MASS.

21 Place of Burial, Cremation or Removal (City or Town) \_\_\_\_\_  
DATE OF BURIAL MAY 20, 1938

22 NAME OF UNDERTAKER William J. Treanor  
559 SARATOGA STREET E.B. MASS.  
ADDRESS \_\_\_\_\_

Received and filed. MAY 20 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed only occupation was that of home housework, write a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER, FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., or complication which causes death, as pneumonia, etc. As principal cause name the heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name any important conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	

In a group of causes containing the principal cause and related causes, only of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**Physician.**—At the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, signed, dated and sworn to by the attending physician, or if a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient personal, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desisting to provide such removal shall constitute a permit for such removal, provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . GEN. LAWS, CHAP. 38, SEC. 6. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, and the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.



THIS IS A PERMANENT RECORD. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. IF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

50m-9-31. No. 3387-7



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
**STANDARD**  
**CERTIFICATE OF DEATH**

W. H. 100 A  
 (City or town making return)  
 Registered No. **99**

1 PLACE OF DEATH

(County) .....  
 (City or Town) .....  
 No. **200** **W. H. 100 A** St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME .....  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
 War Veteran,  
 specify WAR) .....

(a) Residence. No. **200** **W. H. 100 A** St., Ward, **100**  
 (Usual place of abode) (If nonresident, give city or town and state)  
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word) <b>married</b>
6a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of ..... (Husband's name in full)			
6 IF STILLBORN, enter that fact here.			
7 AGE		If less than 1 day	
Years <b>3</b> Months <b>00</b> Days		Hours ..... Minutes	
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation	
12 BIRTHPLACE (City) (State or country)			
PARENTS	13 NAME OF FATHER		
	14 BIRTHPLACE OF FATHER (City) (State or country)		
	15 MAIDEN NAME OF MOTHER		
	16 BIRTHPLACE OF MOTHER (City) (State or country)		
17 Informant (Address)			

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH **May 10 1930**  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **May 13** 19**30** to **May 19** 19**30**  
 I last saw h. **alive** on **May 10** 19**30**, death is said to have occurred on the date stated above, at **12/10** m.  
 The principal cause of death and related causes of importance in order of onset were as follows:  
**Granuloma of bowels**  
**Intestinal obstruction**  
**Peritonitis**  
 Date of onset **May 13**

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of operation **May 12**  
 What test confirmed diagnosis? ..... Was there an autopsy? **NO**

20 Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify .....  
 (Signed) **Dr. J. H. 100 A** M. D.  
 (Address) **200 W. H. 100 A** Date **5/12** 19**30**

21 PLACE OF BURIAL, CREMATION OR REMOVAL .....  
 (Cemetery) (City or town)  
 DATE OF BURIAL **May 13** 19**30**

22 NAME OF UNDERTAKER .....  
 ADDRESS **100 W. H. 100 A**

Received and filed **May 19** 19**30**  
**W. H. 100 A**  
 (Registrar of City or Town where deceased resided)

A TRUE COPY.  
 ATTEST: **W. H. 100 A**  
 (Registrar of city or town where death occurred)  
 DATE FILED **June 7** 19**38**





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-31. No. 3385-r



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 4391 100

PLACE OF DEATH

SUFFOLK  
BOSTON  
(County)

(City or Town)

No. Boston City Hosp

St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Rose Cohen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

38 Trident Av

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE  
MARRIED  
WIDOWED  
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Jacob Cohen

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 54

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Isaac Lurensky

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Annie

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant (Address)

Morris

son

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

5/24/38

19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May 21/38

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

5/20/38

19

5/21/38

19

I last saw h..... alive on....., 19....., death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance in order of onset were as follows:

arachnoidal fibroblastoma of brain

Date of onset

mos

Contributory causes of importance not related to principal cause:

cerebral edema

dau

Name of operation

encephalogram

Date of

5/20/38

What test confirmed diagnosis?

Was there an autopsy?

yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M W O'Connell

M. D.

(Address)

Boston City Hosp

Date

5/21

19

38

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winchester, Israel

(City or town)

oburn

DATE OF BURIAL

5/20/38

19

22 NAME OF UNDERTAKER

M Stanotsky

ADDRESS

Boston

JUN 11 1938

Received and filed

19

(Registrar of City or Town where deceased resided)





NEVER WRITE PLAINLY WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-132. No. 5469

PLACE OF DEATH

Suffolk  
Winthrop  
Framingham  
(County)  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 101

No. Winthrop Community Hospital Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ida Dessoni (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 44 Bridges St Framingham, Mass. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred : yrs. mos. 14 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Angelo Dessoni (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 48 Years. Months. Days If less than 1 day Hours. Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) April 1938 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) (State or country) Italy

13 NAME OF FATHER John Colta

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Gutana Pagnini

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Angelo Dessoni (Address) 44 Bridges St, Framingham

I HEREBY CERTIFY, that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers (Signature of Agent of Board of Health or other Health Officer) 5/22/38 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 22 - 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 8, 1938, to May 22, 1938. I last saw her alive on May 21, 1938, death is said to have occurred on the date stated above, at 9 a.m. The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral embolism May 22 1938

Contributory causes of importance not related to principal cause: Fibroid uterus May 1938

Name of operation Paulysterectomy Date of May 10 1938 What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No If so, specify Charles Melom (Signed) 305 Havens Bldg Date May 19 1938 (Address) (Cemetery) (City or town)

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Francis Framingham (Cemetery) (City or town) DATE OF BURIAL May 25 1938

22 NAME OF UNDERTAKER Matthias Hollander ADDRESS 122 Hollis St. Framingham

Received and filed MAY 26 1938 (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause, of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....**  
*Gen. Laws, Chap. 46, Sec. 9.*

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.***

**Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....**  
*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....  
*Chap. 114, Sec. 46, G. L., as amended.*

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatic means (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



PHYSICIANS should state EXACTLY. Age should be stated EXACTLY. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

1

Suffolk  
(County)  
Winthrop  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 102

2 FULL NAME

No. 4 Sunnyside Park St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Mary E Rohan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 4 Sunnyside Pk St., Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

AGE 78 Years 9 Months 21 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER John P Rohan

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary Burke

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mrs. Mary G. Gaherty (Niece) (Address) 1340 Commonwealth Ave (Aston)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Gaherty (Signature of Agent of Board of Health or Agent) Health Officer (Date of Issue of Permit) 5/22/38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 22, 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 5/14, 1938, to 5/22, 1938

I last saw him alive on 5/21, 1938, death is said to have occurred on the date stated above, at 4:17 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Edema of Lungs 5/21/38

Contributory causes of importance not related to principal cause: General Indurated Spleen

Name of operation: Date of: What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify: (Signed) H. G. Gaherty, M. D. (Address) 1340 Commonwealth Ave Date 5/22/38

21 Place of Burial, Cremation or Removal. Holy Cross (City or Town) Malden

DATE OF BURIAL May 25, 1938

22 NAME OF UNDERTAKER Frederick J. Gaherty

ADDRESS 867 Beach St Boston

Received and filed. 19

MAY 23 1938 (Registrar)

To be filed for burial permit with Board of Health or its Agent.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make no entry in this section for every person aged 10 years and over who has been engaged in some business or occupation during his life, even if the occupation had been given up or changed on account of the disease causing death, report the occupation prior to retirement. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For persons whose only occupation was that of home housework, write "housework" in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages as a servant, designate the occupation by the appropriate term as however; e.g., HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever, write none.

To be complete, an occupation return must state:

profession, or particular kind of work done.

8.—Industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
<p>The <b>principal cause of death</b> and related causes of importance in order of onset were as follows:</p> <p><i>Arterioscleroli</i></p> <p><i>Chronic interstitial nephritis</i></p> <p><i>Cerebral hemorrhage</i></p>	<p>Date of Onset</p> <p>1915</p> <p>1921</p> <p>July 5, 1927</p>
<p><b>Contributory causes</b> of importance not related to principal cause:</p>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

vidual, either, at the request of an undertaker or other authorized person, or any member of the family of the deceased, furnish to the undertaker or other person a standard certificate of death stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the duration of his last illness, when last seen alive by the physician or officer and the

date of interment, or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body of which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker, or other person shall exhume a human body, and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from the resting tomb to the board of health or its agent, above said, or from the clerk of the town where the body is buried, above said. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examining body shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided, and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal, provided that such body shall be removed to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been secured, as required by section ten of chapter forty-six, that the United States served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the cause, deceased, or as to the manner or cause of the death, which the clerk or registrar may require—CHAP. 114, SEC. 45, G. L. (1889-1900 EDITION.)

**CENTENARY EDITION.**) **Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . —**GEN. LAWS, CHAP. 38, SEC. 6.**

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —**GEN. LAWS, CHAP. 38, SEC. 7.**

No undertaker or other person shall bury a human body or the remains thereof which have been brought into the commonwealth, unless he has received a permit so to do from the board of health, or until he has been appointed to issue such permits, or if there is no such board from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—*CHAP. 114, Sec. 46, G. L. (RECENTENARY EDITION).*

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized diseases unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include, not only deaths caused

directly or indirectly by traumatism (including poisoning, separation, or other causes), or by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



This is a permanent record. Every item of information should be stated fully. In making such state-ments, the date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

SUFFOLK  
(County)

WINTHROP  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 108

No. Station Hospital, Fort Banks, Mass. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME PATRICK MULKERN  
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran specify WAR) World War

(a) Residence. No. 271 Galvin Blvd. St. Ward, Dorchester, Mass.  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years 3 months 16 days. How long in U.S., if of foreign birth? 57 years - months - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Single WIDOWED Unknown or DIVORCED  
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter the fact here.

7 AGE 58 Years 2 Months 9 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired M. Sgt US Army 10 Date deceased last worked at this occupation (month and year) Oct 1938 11 Total time (years) 28 spent in this occupation

12 BIRTHPLACE (City) Galway (State or country) Ireland

13 NAME OF FATHER Unknown Coleman Mulkern

14 BIRTHPLACE OF FATHER (City) Unknown Galway (State or country) Ireland

15 MAIDEN NAME OF MOTHER Unknown Mary Joyce

16 BIRTHPLACE OF MOTHER (City) Unknown Galway (State or country) Ireland

17 Michael A. Mulkern (Relation of any informant) Registrar, State Hosp (Address) Port Banks, Mass. Portland, Maine

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Wm. D. O'Connell  
(Signature of Agent of Board of Health or other)  
Health Officer (Date of Issue of Permit) 3/24/38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 22nd 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 5th, 1938, to May 22nd, 1938  
I last saw him alive on May 22, 1938, death is said to have occurred on the date stated above, at 11:32 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

1. Fistula fecal, multiple, chronic, jejunum, post-operative Dec 3/37  
2. Hemiplegia, right Mar 7/38  
3. Pneumonia, hypostatic May 15/38

Contributory causes of importance not related to principal cause:

Adhesions, multiple, large and small intestines, pos-operative Dec 3/37

Resection of fecal  
Name of operation fistula Date of Feb 25/38  
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify Paul N. Leach, M. D.  
(Signed) PAUL H. LEACH, Capt MC USA  
(Address) Fort Banks, Mass. Date May 23/38

21 F. J. Derens Ayer  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL May 28 1938

22 NAME OF UNDERTAKER W. J. Kelly  
ADDRESS 11 Glenview St.; E. B.

Received and filed. 19  
(Registrar)

# Statement of occupation.

Previous statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make sure. If the occupation had been given person aged 10 years or over. If the disease causing death, report the up or changed on account of illness. If the deceased had retired from business, report the occupation prior to retirement. Children not in school, report the occupation as at school, or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "engineer" when a more precise statement of the occupation can be made, as "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of complication not related to principal cause, name other important diseases.

## Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Chronic bronchitis</i>	July 5, 1927
<b>Contributory causes of importance not related to principal cause:</b>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with, after the death of an undertaker or other authorized person, at the request of a member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge, and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. —GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such burial agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the removal of such body, and if death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another, within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided for, for the purpose of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained. Hereunder. If the death certificate contains a receipt, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such receipt shall appear upon such statement and certificate, shall forthwith counter-receipt and transmit it to the clerk of the town for registration. The permit to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk, registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION)

**Medical examiners** shall make examination upon the view of the bodies of only such persons as are supposed to have died by violence. —GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . —CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons from whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance of or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly by Traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **diseases resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.



tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 3385-g



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

Cambridge  
(City or town making return)  
Registered No. 672

1 PLACE OF DEATH  
Middlesex  
(County)  
Cambridge  
(City or Town)

No. Holy Ghost Hospital St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Louise Baker  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR) 104

(a) Residence. No. 495 Pleasant St. St., Ward, Winthrop  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Single  
5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years 9 Month 21 Days If less than 1 day  
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home  
10 Date deceased last worked at this occupation (month and year) 1937 11 Total time (years) spent in this occupation 40 yrs

12 BIRTHPLACE (City) Boston (State or country) Mass.

13 NAME OF FATHER Charles Richmond Baker

14 BIRTHPLACE OF FATHER (City) Hartford (State or country) Conn.

15 MAIDEN NAME OF MOTHER Eliza Jane Fairchild

16 BIRTHPLACE OF MOTHER (City) Hartford (State or country) Conn.

17 Walter G Baker brother  
(Address) 495 Pleasant St. Winthrop

A TRUE COPY.  
ATTEST: May 24 1938 H. Burke  
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 22 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1 1938, to May 22 1938  
I last saw him alive on May 22 1938 death is said to have occurred on the date stated above, at 11 A.M.  
The principal cause of death and related causes of importance in order of onset were as follows: Myocarditis Cerebral Hemorrhage Arterio Sclerosis  
Contributory causes of importance not related to principal cause:

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?  
20 Was disease or injury in any way related to occupation of deceased? no  
If so, specify (Signed) Daniel MacKillop M. D.  
(Address) Cambridge Date 5/22 38  
21 PLACE OF BURIAL Winthrop Cem. (Cemetery) Winthrop (town)  
CREMATION OR REMOVAL  
DATE OF BURIAL May 24 1938

22 NAME OF UNDERTAKER Charles R Bennison  
ADDRESS Winthrop  
Received and filed JUN 11 1938 19

(Registrar of City or Town where deceased resided)





N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

PLACE OF DEATH		No.		Ward		Registered No.	
Suffolk (County)		Winthrop (City or Town)		Winthrop Community Hospital		105	
2 FULL NAME Baby Boy Barnes							
(If deceased is a married, widowed or divorced woman, give also maiden name.)							
(a) Residence. No. 23 Endicott Ave.				St.		Ward, Beachmont Ave.	
(Usual place of abode)							
(If nonresident, give city or town and state)							
Length of residence in city or town where death occurred yrs. — mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.							
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)					
male	white	MARRIED WIDOWED or DIVORCED Single					
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)							
(or) WIFE of (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 AGE — Years — Months — Days 5 Hours — Minutes							
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none							
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. "							
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation "							
12 BIRTHPLACE (City) Winthrop (State or country) Mass.							
13 NAME OF FATHER Herbert Barnes							
14 BIRTHPLACE OF FATHER (City) Peave (State or country) Mass.							
15 MAIDEN NAME OF MOTHER Emeline Edwards							
16 BIRTHPLACE OF MOTHER (City) Georgia (State or country)							
17 Informant Herbert Barnes (father) (Address) 23 Endicott Ave. Peave Mass.							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:							
(Signature of Agent of Board of Health or other)							
(Official Designation) (Date of Issue of Permit) 6/31/38							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH May 26 1938 (Month) (Day) (Year)							
19 I HEREBY CERTIFY that I attended deceased from May 26 1938, to May 26 1938							
I last saw him alive on May 26 1938, death is said to have occurred on the date stated above, at 5:45 P.M.							
The principal cause of death and related causes of importance in order of onset were as follows:							
Attelactasis							
Contributory causes of importance not related to principal cause: Doxemia of pregnancy (from 4 mos.)							
Name of operation Date of							
What test confirmed diagnosis Was there an autopsy? ho							
20 Was disease or injury in any way related to occupation of deceased? no							
If so, specify (Signed) Fred M. Magrath (Address) 620 Beach St. Peave Date 7/6/38							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Garden Chapel (Cemetery) (City or town)							
DATE OF BURIAL May 27 1938							
22 NAME OF UNDERTAKER George P. Merwin (Address) Peave - Mass.							
Received and filed JUN 1 1938 19 (Registrar)							

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any next of kin of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....  
*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employeé," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

## Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

.....
.....
.....
.....
.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-c

PLACE OF DEATH

SUFFOLK  
(County)  
BOSTON



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 4613

No. Beth Israel Hosp

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jacob Blumenthal

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

106

(a) Residence. No. 271 Shirley

St., Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Dora Freedman (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, barber, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, self, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 1932

11 Total time (years) spent in this occupation yrs

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Berger Blumenthal

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Anna

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant wife (Address)

A TRUE COPY.

ATTEST: James A. Bump (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 30/38 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 5/29/38, 19, to 5/30/38, 19.

I last saw him alive on 5/30/38, 19, death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

art. scler. heart dis. ?

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R L Mindlin M. D.

(Address) 330 Brookline Av Date 5/30/38

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop-Dorsett (Cemetery) (City or town)

DATE OF BURIAL 5/30/38 19

22 NAME OF UNDERTAKER M Stanetsky

ADDRESS Boston

Received and filed 6/1/38 JUN 11 1938 19

(Registrar of City or Town where deceased resided)





PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 27 Centre



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 107

2 FULL NAME Gladys Lucille (Mooney) Tyler

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 27 Centre

(Usual place of abode)

St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John A. Tyler (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 34 Years 3 Months 19 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant 10 Date deceased last worked at this occupation (month and year) 1937 11 Total time (years) spent in this occupation 3

12 BIRTHPLACE (City) Winthrop (State or country) Massachusetts

13 NAME OF FATHER James L. Mooney

14 BIRTHPLACE OF FATHER (City) New York (State or country) New York

15 MAIDEN NAME OF MOTHER Julia I. Lewis

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Massachusetts

17 Informant (Address) Mildred M. Munro (sister) 27 Centre St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 6/2/38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 31 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to May 31, 1938.

I last saw him alive on May 31, 1938, death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute pneumonia, bilateral, bacterial, metastatic of leukemia. Date of Onset Aug 1937

Contributory causes of importance not related to principal cause:

Name of operation No. Date of What test confirmed diagnosis? Personal observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Raymond B. Parker, M. D. (Address) Winthrop, Mass. Date June 1, 1938

21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL June 2 1938

22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass

Received and filed June 3 1938 19

A TRUE COPY ATTEST

(Registrar)

**Statement of occupation.**—I'veise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write to housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

of a particular kind of work done

8.—The exact place or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation, in stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE, SOAP FACTORY, COTTON MILL,** etc.

Distinguish carefully the different kinds of engineers, by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," nor give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death**—Cause of death means the disease, or complication which caused death, not the mode of dying, e. g., heart failure, asthma, etc. As principal cause name the disease, e. g., pneumonia, and as contributory cause name the complications, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes, name other important complications not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:

## Arteriosclerosis

### *Chronic interstitial nephritis*

*Cerebral hemorrhage*

**Contributory causes** of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

# RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Morial Examiners** will investigate and certify to all causes of death **possibly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m. 11-36. No. 9080-g



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

Malden

(City or town making return)

Registered No. 108

PLACE OF DEATH

Middlesex  
(County)

Malden  
(City or Town)

No. Malden Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Roberts

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)

(a) Residence. No. 45 Beal

St.,

Ward, Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Male

White

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE Years Months Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)  
(State or country)

Malden  
Mass.

13 NAME OF FATHER

Henry G. Roberts

14 BIRTHPLACE OF FATHER (City)  
(State or country)

Chicopee  
Mass.

15 MAIDEN NAME OF MOTHER

Lillian G. Barry

16 BIRTHPLACE OF MOTHER (City)  
(State or country)

Winthrop,  
Mass.

17

Informant  
(Address)

Henry G. Roberts

Relation, if any

Father

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

May 11, 1938

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May  
(Month)

6  
(Day)

1938  
(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 5, 1938, to May 6, 1938

I last saw him alive on May 5, 1938 death is said

to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Prematurity

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John E. Vassallo M. D.

(Address) 60 Main St., Mal. Date 5/6/38

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 7 1938

22 NAME OF UNDERTAKER John F. O'Maley

ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



JUN 18 1938 AM



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-35. No. 6156E

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

PLACE OF DEATH

Suffolk,  
(County)

Winthrop.  
(City or Town)

STANDARD

CERTIFICATE OF DEATH

Registered No.

100

No. Winthrop Community Hospital

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Albert Moore

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 136 Congress Ave.,  
(Usual place of abode)

St.,

Ward,

Chelsea

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

11 days.

How long in U.S., if of foreign birth?

22

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Divorced

6a If married, widowed, or divorced

HUSBAND of

May Thomas

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

51

Years

8

Months

7

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

carpenter.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Building

10 Date deceased last worked at this occupation (month and year)

May 1938

11 Total time (years)

spent in this occupation

30

12 BIRTHPLACE (City)

(State or country)

Newfoundland,

PARENTS

13 NAME OF FATHER

William Moore,

14 BIRTHPLACE OF FATHER (City)

(State or country)

Newfoundland,

15 MAIDEN NAME OF MOTHER

Patience Davis,

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Newfoundland,

17

Informant (Address)

Mr. Allen Moore,

Relation, if any

(brother,)

136 Congress Ave., Chelsea, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June 1, 1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

May 19, 1938, to June 1, 1938

I last saw him alive on June 1, 1938, death is said

to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Perforated Gastric ulcer with localized peritonitis

Date of Onset

May 21, '38

Contributory causes of importance not related to principal cause:

Pleurisy with effusion  
Massachusetts - Toxic  
Acute Pulmonary edema

5/27/38

Name of operation

abdominal drainage

Date of

May 26, '38

What test confirmed diagnosis? Clinical pathologic

Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wm. S. Childers

M. D.

(Address)

87 1/2 Ave. 2nd Fl., Winthrop

Date

June 1, 1938

21 Glenwood, Everett, Mass.

Place of Burial, (Cremation or Removal) (City or Town)

DATE OF BURIAL

June 4, 1938

19

NAME OF UNDERTAKER

J.E. Henderson Co.,

ADDRESS

517 Broadway, Everett, Mass.

Received and filed

19

A TRUE COPY ATTEST

JUN 3 1938

(Registrar)





tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)



STANDARD  
CERTIFICATE OF DEATH

Registered No. 110

No. 87 Bartlett Road

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sophia Augusta (Hatfield) Smith

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 87 Bartlett Road

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 years 9 months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Charles A. Smith  
(Give maiden name of wife in full)  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 84 Years 5 Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year) June 1938 11 Total time (years) spent in this occupation 62

12 BIRTHPLACE (City) Parrsboro  
(State or country) Nova Scotia

13 NAME OF FATHER Charles Edward Hatfield

14 BIRTHPLACE OF FATHER (City) Parrsboro  
(State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Rebecca Merriam

16 BIRTHPLACE OF MOTHER (City) Parrsboro  
(State or country) Nova Scotia

17 Informant Clara C. Johnston (daughter)  
(Address) 87 Bartlett Rd. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of issue of Permit) 6/9/38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 7 38  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 1938, to June 7, 1938

I last saw him alive on June 2, 1938, death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Pneumonia 6/7/38

Contributory causes of importance not related to principal cause:

General Arterio Sclerosis ?

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry C. Johnson M.D.  
(Address) Winthrop Date 6/8 1938

21 Winthrop Winthrop  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL June 9, 1938

22 NAME OF UNDERTAKER Charles R. Bennison  
ADDRESS Winthrop Mass

Received and filed JUN 10 1938 19

A TRUE COPY ATTEST

(Registrar)





PHYSICIANS should state CAUSE OF DEATH EXACTLY. Age should be carefully supplied in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.



STANDARD  
CERTIFICATE OF DEATH

Registered No. 111

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
-Boston  
(City or Town)

No. Community Hospital St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edith R. Anthes  
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran specify WAR)

(a) Residence. No. 20 Centre St. Winthrop, Mass. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Rudolph Anthes (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years 3 Months 11 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home  
10 Date deceased last worked at this occupation (month and year) May 1938 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Hingham (State or country) Mass.

13 NAME OF FATHER Caleb Ray

14 BIRTHPLACE OF FATHER (City) Hingham (State or country) Mass.

15 MAIDEN NAME OF MOTHER Augusta Stoddard

16 BIRTHPLACE OF MOTHER (City) Hingham (State or country) Mass.

17 Informant Rudolph Anthes Husband (Address) 20 Centre St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 10 1938 (Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from June 7 1938, to June 9 1938. I last saw him alive on June 9 1938, death is said to have occurred on the date stated above, at 9 A.M. The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis  
Contributory causes of importance not related to principal cause: Arteriosclerosis Myofibrillar  
Date of Onset IMPORTANT 6/1  
(1930)  
(1932)  
(1932)

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) E. W. Brown, M.D. (Address) 20 Centre St. Winthrop Date 6/10 1938

21 Place of Burial Mt. Hope Boston (City or Town) DATE OF BURIAL June 12 1938

22 NAME OF UNDERTAKER J. W. Brown ADDRESS Boston

Received and filed 19

JUN 20 1938 (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write to housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINSTER, WEAVEN, etc. cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asbestia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	.....
.....	.....
.....	.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer shall forthwith** after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. GEN. LAWS, CHAP. 46, Sec. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. GEN. LAWS, CHAP. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. —CHAP. 114, Sec. 46, G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 112

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



No. 1079 Shirley St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ryan Penney Chestnut (If deceased is a married, widowed or divorced woman, give also maiden name.) (If a Veteran specify WAR)

(a) Residence. No. 1079 Shirley St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 12 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED widow (write the word)

6a If married, widowed, or divorced HUSBAND of Alva Penney (give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 87 Years 10 Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 10 Date deceased last worked at this occupation (month and year) April 1938 11 Total time (years) spent in this occupation 65

12 BIRTHPLACE (City) Pugwash (State or country) Nova Scotia

13 NAME OF FATHER ? Chestnut

14 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)

15 MAIDEN NAME OF MOTHER Mary Ryan

16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

17 Informant Arthur Penney (Address) 1079 Shirley St. Winthrop Relation, if any Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Wm D. Childers  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) June 11/38.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 6 10 38 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/29 1938, to 6/10 1938.

I last saw him alive on 6/10 1938, death is said

to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cancer of Stomach ?

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alva Penney M.D.

(Address) Winthrop Date 6/10 1938

21 Wyoming Melrose Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 12 1938

22 NAME OF UNDERTAKER Albert F. Douglass

ADDRESS 242 Washington Ave. Chelsea

Received and filed June 20 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children formerly employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the exact kind of work done and return that, as SPINSTER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STEAMBOAT ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

last illness, at the request of an undertaker to be deceased, furnish person or of any member of the family of death, stating to the best for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, denied as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the state of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, without receiving a permit to another in the same cemetery, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, until he has received a permit from the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, and which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician not a member of the board of health, or employed by it in by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten or marine corps of the United States served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit the permit to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examination.** shall make examination upon the view of the dead bodies of all such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septal, cerebral, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **diseases resulting from injury or infection related to occupation,** and the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**



PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 21 Emerson Road

St. XX

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Isabelle (Marvin) Kent

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 21 Emerson Road

St. XX

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 9 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

6a If married, widowed, or divorced

HUSBAND of Albert Kent (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years 4 Months 6 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home  
10 Date deceased last worked at this occupation (month and year) April, 1938 11 Total time (years) in this occupation 43

12 BIRTHPLACE (City) Saint Margarets Bay (State or country) Nova Scotia

13 NAME OF FATHER James Wesley Marvin

14 BIRTHPLACE OF FATHER (City) Halifax County (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Emma Frazier

16 BIRTHPLACE OF MOTHER (City) Halifax County (State or country) Nova Scotia

17 Informant Dr. Harold A. Kent (son) (Address) 363 Marlboro St Boston Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or removal permit was issued:

Wm. D. Childress  
(Signature of Agent of Board of Health or other)  
Health Officer 6/13/38  
(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

Registered No. 113

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 10 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from March 10 1938 to June 9 1938

I last saw him alive on June 9 1938. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary thrombosis 6-7-38  
Centrus-sclerosis 1935  
Chronic myocarditis 1935

Contributory causes of importance not related to principal cause:

Name of operation home Date of What test confirmed diagnosis none Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify Signed Dr. Harold A. Kent M. D. (Address) 363 Marlboro St Boston Mass Date 6-11-38

21 Mount Hope Boston  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL June 12 1938

22 NAME OF UNDERTAKER Charles R. Bennison  
ADDRESS Winthrop Mass

Received and filed JUN 20 1938 19

A TRUE COPY ATTEST (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8, and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—PRIVATE FAMILY, COOK—HOMER, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, AIRING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with, after use of the request of an undertaker or other authorized last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sup- posed age, the disease of which he died, defined as required by section one, the date same was contracted, the duration of his last illness, when first seen alive by the physician or officer and the date of his death. GEN. LAWS, CHAP. 46, Sec. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body of a human body or been buried, until he has received a permit from which has of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement certifying the facts required by law to be returned, and recorded, containing the facts required in case of an original internment, a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal, provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, and be reinterred in the usual form for the removal of such body chains a rectal, obtained hereunder. If the death certificate of the United States as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such certificate shall appear upon the permit. The board of health, its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. :—GEN. LAWS, CHAP. 38, Sec. 6. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, Sec. 7.

No undertaker or other person shall bury a human body on the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . —CHAP. 114, Sec. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given medical care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by Trauma (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury, or infection related to occupation,** and the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.



tion should be carefully supplied. Age should be stated EXACTLY. FRICTIONARY should state year of information in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

PLACE OF DEATH

(County)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH Wentworth (City or Town) No. 21 Harbor View Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME George Henry Griggs (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U.S. War Veteran specify WAR)(a) Residence. No. 21 Harbor View Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)Length of residence in city or town where death occurred 27 years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)6a If married, widowed, or divorced HUSBAND of Edith P. Coombs (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years 3 Months 11 Days If less than 1 day Hours MinutesOCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Naval Architect 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Business 10 Date deceased last worked at this occupation (month and year) 1-9-38 11 Total time (years) spent in this occupation 1512 BIRTHPLACE (City) Charlestown (State or country) Mass.13 NAME OF FATHER George W. Griggs14 BIRTHPLACE OF FATHER (City) Allston (State or country) Mass.15 MAIDEN NAME OF MOTHER Marianna Lord16 BIRTHPLACE OF MOTHER (City) Ellsworth (State or country) Maine17 Informant (Address) Mrs. Minetta F. Griggs Relation, if any Wife 21 Harbor View Ave Wentworth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Official Designation Health Officer (Date of Issue of Permit) 6/13/38

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 12 1938 (Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from July 5 1932 to June 12 1938I last saw him alive on June 12 1938, death is saidto have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Adenocarcinoma of Rectum Date of Onset 1932 IMPORTANT

Contributory causes of importance not related to principal cause:

General carcinoma atrosis 1937Name of operation Proctom + colectomy Date of July 7/32 What test confirmed diagnosis pathological Was there an autopsy? no20 Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) Geo. B. Abrams M. D.(Address) 502 Sanby St. Date June 13/38about 10 P.M.21 Place of Burial Brighton (City or Town)DATE OF BURIAL June 14 193822 NAME OF UNDERTAKER Short & WilliamsonADDRESS 173 Brighton Ave AllstonReceived and filed June 21 1938 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write to HOUSEWORK in answer to Question 8 and at home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death, as related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

last illness, at the request of an undertaker or doctor, and furnish person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sex, age, the disease of which he died, deemed as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, to the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . Gen. Laws, Chap. 38, Sec. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness, from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.



tion should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12 '35 No. 6156f

301A

PLACE OF DEATH

1

Suffolk  
(County)

Vinthrop  
(City or Town)

No. 58 Thornton Park

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Henry Nudd

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 58 Thornton Park

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U.S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED

(write the word)

Male

White

Widowed

6a If married, widowed, or divorced

HUSBAND of Elizabeth Ward Nudd

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Executive

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Insurance

10 Date deceased last worked at this occupation (month and year)

June 1938

11 Total time (years) spent in this occupation

45

12 BIRTHPLACE (City)

Chelsea

(State or country)

Mass

13 NAME OF FATHER

Henry Nudd

14 BIRTHPLACE OF FATHER (City)

Cannot be learned

(State or country)

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

Cannot be learned

(State or country)

17

Informant

(Address)

Mr. John Croair

58 Thornton Park

Relation, if any

(Niece)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

6/16/38

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 115

To be filed for burial permit with Board of Health or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June

13<sup>th</sup>

1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

June 2, 1938, to June 13, 1938

I last saw him alive on June 13, 1938, death is said

to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Thrombosis

Branchial Aneurysm

Arteriosclerosis

Date of Onset

Important

1938

Contributory causes of importance not related to principal cause:

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date

M. D.

21

Place of Burial, Cremation or Removal

(City or Town)

Vinthrop

DATE OF BURIAL

June 16, 1938

19

22 NAME OF UNDERTAKER

John H. O'Malley

ADDRESS

Vinthrop

Received and filed

JUN 20 1938

19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose answer to Question 8 and own HOME in answer to Question 9, for a person engaged in domestic service for wages as however, designate the occupation by the appropriate terms as HOUSEKEEPER, PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation report must state:

- 8.—The trade, profession, or particular kind of work done.
  - 9.—The industry or business in which the work was done.
  - 10.—The month and year the deceased last worked at the occupation.
  - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINSTER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STEAMBOAT ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related cause name any important conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	.....
.....	.....
.....	.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

last illness, at the request of an undertaker or doctor, furnish person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, detained as required by section one, where same was contracted, the duration of this last illness, when last seen alive by the physician or officer and the place of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, and which shall be accompanied, in case of an infant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, if for sufficient reasons, his certificate cannot be obtained, or if, for sufficient reasons, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained hereunder. If the death certificate contains a rectal, obtained as required by section ten or maine corps of the United States served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION)

### RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
  - (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance of whose physician is absent from home when the certificate of death is needed.
  - (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation; from the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



tion should be carefully supplied. Age should be stated when in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100-n 12-35 No. 6156F

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

116

No. 32 Crystal Cove Ave.

St.

Ward

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

James Joseph Driscoll

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

32 Crystal Cove Ave.

St.

Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

6a If married, widowed, or divorced

HUSBAND of

Mrs. M. Monlock

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

57

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Engineer

9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

Heating

10 Date deceased last worked at  
this occupation, (month and  
year)

1938.

11 Total time (years)  
spent in this  
occupation

30

12 BIRTHPLACE (City)

Brookline

(State or country)

Massachusetts

13 NAME OF  
FATHER

James Driscoll

14 BIRTHPLACE OF  
FATHER (City)

Brookline

(State or country)

Massachusetts

15 MAIDEN NAME  
OF MOTHER

Annie Downey

16 BIRTHPLACE OF  
MOTHER (City)

St. John

(State or country)

New Brunswick

17

Informant  
(Address)

Wilhelmina Driscoll

Relation, if any

32 Crystal Cove Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other  
Health Officer)

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH

June

16

1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

June 13

1938.

to June 16

1938.

I last saw him alive on

June 16

1938.

death is said  
to have occurred on the date stated above, at 4 P.m.The principal cause of death and related causes of importance in order of onset  
were as follows:

Hypertension  
Hypertension heart disease  
Chronic heart disease  
Coronary artery disease

Date of Onset  
IMPORTANT

Contributory causes of importance not related to principal cause:

I certify

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Dr. J. F. O'Malley

M. D.

(Address)

Winthrop, Mass.

Date 6/17/1938

21

Holyhood

Brookline

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

June 18

1938

22

NAME OF  
UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop, Massachusetts

Received and filed

19

(Registrar)





EVERY DEATH RECORDED HEREIN IS A PERMANENT RECORD. DATE OF ONSET AND EXACT STATEMENT OF OCCUPATION ARE VERY IMPORTANT. SEE INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.



STANDARD  
CERTIFICATE OF DEATH

Registered No. 11

PLACE OF DEATH

(County) Wentworth Mass  
(City or Town) Wentworth Mass

No. 155 River St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Moris Lambros

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 155 River St. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 7 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED married (write the word)

6a If married, widowed, or divorced HUSBAND of Eva Mayer  
(Give maiden name of wife in full)

(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 78 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
10 Date deceased last worked at this occupation (month and year) June 1938 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) London England  
(State or country)

13 NAME OF FATHER Jack

14 BIRTHPLACE OF FATHER (City) Holland  
(State or country)

15 MAIDEN NAME OF MOTHER Mary Veilbron

16 BIRTHPLACE OF MOTHER (City) England  
(State or country)

17 Informant Mrs. Moris Lambros (wife) Relation, if any  
(Address) 155 River St. Wentworth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Chalcraft (Signature of Agent or Board of Health or other)  
Health Officer (Official Designation) 6/17/38 (Date of Issue of Permit)

18 DATE OF DEATH 6 17 38  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 6/12, 1938, to 6/17, 1938.

I last saw him alive on 6/16, 1938, death is said

to have occurred on the date stated above, at 4 H. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Thrombosis Date of Onset 6/12  
Chronic Nephritis ?

Contributory causes of importance, not related to principal cause: ?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

20 Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Hungate M. D.  
(Address) 155 River St. Date 6/17, 1938

21 Westbury David & Sons  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 19 1938

22 NAME OF UNDERTAKER Burgess & Solomon  
ADDRESS 420 Harvard Boston

Received and filed JUN 20 1938 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not regularly employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework in answer to (Question 8 and own home in answer to (Question 9). For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEMAID—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever, write NONE.

To be complete, an occupation return must state:

profession or particular kind of work done.

8.—In the business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11. The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells Goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease, or complication with which death occurred, the mode of dying, e. g., heart failure, asphyxia, etc. As principal cause name the disease, e. g., death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of disease, name other important causes, if any, not related to principal cause, name other important diseases.

	Date of Onset
<b>Example</b>	
The <b>principal cause of death</b> and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes</b> of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either the first, second, or third position. The principal cause in the above example happens to be the second cause given.

[illegible]

date of his death. . . . Every body shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned, and recorded, which shall be accompanied, in case of an original document, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate, as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker respecting to such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, Sec. 45, G. L. (Textual Emphasis Removed.)

**CENTENARY EDITORIAL.** shall make examination upon the view of the **Medical examiners** of only such persons as are supposed to have died the dead bodies of any such persons as are supposed to have died by violence. :—*Gen. Laws, Chap. 35, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence if known; otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 35, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been committed to the commonwealth until he has received a permit so to do from the board of health or its agent, appointed to issue such permits, or if there is no such board, the clerk of the town where the body is to be buried, and the funeral is to be held, or from a person appointed to bury the dead in the cemetery or burial ground in which the interment is made. . . . —CHAP. 114, SEC. 46, G. L. (THIRTIETH EDITION.)

## RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

**3. Medical Examiners** investigate and certify to all deaths directly due to injury. These include not only deaths caused by physical trauma, but also deaths resulting from chemical, thermal, and electrical trauma, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34. No. 2938-g

1 PLACE OF DEATH

PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. en route to Winthrop Community Hospital Ward

2 FULL NAME

Julia L. Stiles (White)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

Washington Chambers Winthrop St. Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 40 yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Benjamin Stiles

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

80

Years

6

Months

9

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF FATHER

John L. White

14 BIRTHPLACE OF FATHER (City)

(State or country)

Scotland

15 MAIDEN NAME OF MOTHER

Mary Lambert

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Mrs. W. D. MacLean (Sister)

18 Hovey St. Watertown, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers Health Officer (Signature of Agent of Board of Health or other)

6/18/38 (Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1685

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran,

specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

acute Cardiac Failure

Obesity

Probably Fatty Myocarditis

Collapsed & died quickly

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed)

(Address)

Wm. J. Buckley

Date - 17 - 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Forest Hills

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

June 20

1938

22 NAME OF UNDERTAKER

ADDRESS

45 Mt. Auburn St., Watertown, Mass.

Received and filed

19

(Registrar)

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



tion should be carefully supplied in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m.12-35, No. 6156E

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 119

No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward W. Douglas  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 110 Loring Road St., Ward,  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of Emma Damon (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years 11 Months 15 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buildings  
10 Date deceased last worked at this occupation (month and year) June 1938 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Charlottetown (State or country) Prince Edward Island

13 NAME OF FATHER William Douglas

14 BIRTHPLACE OF FATHER (City) Prince Edward Island (State or country)

15 MAIDEN NAME OF MOTHER Hetty Cook

16 BIRTHPLACE OF MOTHER (City) Prince Edward Island (State or country)

17 Carolyn Rayner (daughter) (Address) 27 W. Spring St. West Bannington

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 6/23/38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 21 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 22 1922, to June 21 1938.  
I last saw him alive on June 21 1938, death is said to have occurred on the date stated above, at 8 A. M.  
The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Hypertension  
Aortic dilatation of Heart  
Date of Onset June 1928  
June 21 1938

Name of operation No Date of What test confirmed diagnosis? Abnormal Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify Raymond B Parker (Signed) M. D.  
(Address) Winthrop Mass Date June 22 1938

21 Winthrop Winthrop  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL June 23 1938 19

22 NAME OF UNDERTAKER Charles R. Bennison  
ADDRESS Winthrop Mass

Received and filed. 19

A TRUE COPY ATTEST JUN 23 1938 (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupant has been given an illness or changed on account of the disease, declare death, report the occupation prior to illness. If the decedent retired from business, report the occupation prior to retirement. If children not gainfully employed may be returned at school, or at home, write a woman who only occupies as that of own housework, write (Question 9, for a person engaged in domestic service for wages, (Question 9, for a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY COOK—HOTEL, etc. For a person who does not occupy as a householder, write whatever write none.

an occupation return must state:

particular kind of work done

8.—The trade, profession, or pursuit.

10.—The month and year the deceased last worked at the occupation.

the deceased followed the occupation.

11.—Inherent or general terms  
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "engineer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which caused death, not the mode of dying, e. g., heart failure, asthma, asbestosis, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions which contributed to the principal cause and any important condition of the principal cause. Under contributory causes, name those important conditions not related to principal cause, name other important diseases.

	Date of Onset
<b>Example</b>	1915
The <b>principal cause of death</b> and related causes of importance in order of onset were as follows:	1921
<i>Arteriosclerosis</i>	July 5, 1927
<i>Chronic interstitial nephritis</i>	
<i>Cerebral hemorrhage</i>	
<b>Contributory causes</b> of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

[illegible][illegible]

issued until there shall have been delivery of such statement confirmed or clerk; as the case may be, a satisfactory written statement containing the facts required by law to be obtained, returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the burial, or, is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that removal shall be returned to the town from which it was removed within thirty-six hours after such removal unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which he has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith con- sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish to the registrar any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, Sec. 45," G. L. (Terminatory Edition.)

**Medical examiners.**—Gen. Laws, Chap. 38, Sec. 6. The bodies of any such persons as are supposed to have died by violence, . . . —Gen. Laws, Chap. 38, Sec. 6. . . . He shall in all cases certify to the town clerk or registrar the place where the deceased died, his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

**3. Medical Examiners** will investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, and electrical agents, and deaths following abortion, but also deaths resulting from injury or infection related to occupation, from the sudden deaths of persons not disabled by recognized disease, and from the deaths of persons found dead.



Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12 '35. No. 6156P

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filled for burial permit  
with Board of Health  
or its Agent.

120

Registered No. \_\_\_\_\_

No. Winthrop Community St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Winder { (If U. S. War Veteran specify WAR)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 33- Cutler St., Ward, Winthrop  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 12 years months days. How long in U.S., if of foreign birth? 35 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Jacob Winder (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 52 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Morris Bender

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Mollie - Canotile learned

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Mrs Sarah Calby (Daughter) (Address) 269 Essex St. W. Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued; Wm. D. Culbertson (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 6/23/38 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH JUN 22 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1938, to June 22, 1938 last saw her alive on June 22, 1938, death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Thrombosis 1/23/38

Contributory causes of Importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? EKG Was there an autopsy? No

20 Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles Lieberman, M. D. (Address) 26 Waverley Date 12/3/1938

21 Winthrop Cem. Everett, Mass Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL June 23 1938

22 NAME OF UNDERTAKER Samuel Stenetsky ADDRESS 10 West St W. Mass

Received and filed. 19

JUN 23 1938 (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not at school, or in domestic service, or in a home, should be reported as **HOUSEWORK** in answer to Question 8 and **OWN HOME** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **HOUSEKEEPER**, **COOK**, **WOMAN COOK**, **HOTEL**, etc. For a person engaged in agriculture, however, write **NOSE**.

the complete an occupation return must state:

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, and the place in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation, occupation, as "employee," "worker," "operative," etc. Find out the partic- as "employee," "worker," "operative," etc. Find out the partic- as "employee," "worker," "operative," etc. Find out the partic-

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.**

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact name of the occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, nor the mode of dying, e. g., heart failure, asphyxia, strangulation, etc. As principal cause name the disease causing death. As related causes, name each morbid condition related to the principal cause and any important condition of the principal cause. Under contributory causes, name importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes

Arteriosclerosis

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

**Contributory causes** of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in the above first, second, or third position. The principal cause in the above example happens to be the second cause given.



PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 30 Crest Avenue

St.,

Ward

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

Registered No. 121

2 FULL NAME

Katherine McNamara

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

specify WAR)

(a) Residence. No. 30 Crest Avenue

St.,

Ward.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U.S., if of foreign birth?

years

months

days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 32

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Retired

9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

School Teacher

10 Date deceased last worked at  
this occupation (month and  
year) 192311 Total time (years)  
spent in this  
occupation 40

12 BIRTHPLACE (City)

Brighton

(State or country)

Massachusetts

13 NAME OF  
FATHER

John McNamara

PARENTS

14 BIRTHPLACE OF  
FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME  
OF MOTHER

Alice Dunn

16 BIRTHPLACE OF  
MOTHER (City)

Ireland

(State or country)

17

Informant  
(Address)

Michael McNamara

Relation, if any

(Nephew)

30 Crest Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF  
DEATH

June 25 1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 1938, to June 25, 1938

I last saw him alive on June 15, 1938, death is said

to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance in order of onset  
were as follows:Date of Onset  
IMPORTANT

Cerebral arteriosclerosis

Contributory causes of importance not related to principal cause:

Secondary anemia

Name of operation

What test confirmed diagnosis? Was there an autopsy? 40

20 Was disease or injury in any way related to occupation of deceased? 40

If so, specify

(Signed) C. F. Mahoney, M. D.

(Address) 715 Washington St. Date 6/16/1938

21 Holyhood Brookline

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 28 1938

22 NAME OF  
UNDERTAKER John F. O'Malley

ADDRESS Winthrop, Massachusetts

Received and filed JUL 12 1938 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

of a particular kind of work done

8.—In the fact, however, of the business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that as SPINNER, WEAVER, etc., etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular terms, as "cotton mill," "wool mill," "saw mill," "candy factory," "cigar factory," "ice cream store," "grocery store," "soap factory," "cotton mill," etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease, or the mode of dying, e. g., or complication which terminates in death, such as pneumonia, etc. As principal cause name the heart failure, apopleth, etc. As related causes, name cause morbidly changed, such as any, related to the principal cause and any important cause of complication of the principal cause. Under contributory causes, name other important causes not related to principal cause, name other important diseases.

Example	
<p>The <b>principal cause of death</b> and related causes of importance in order of onset were as follows:</p> <p><i>Acute fulminant</i></p> <p><i>Chronic interstitial nephritis</i></p> <p><i>Cerebral hemorrhage</i></p>	<p><b>Date of Onset</b></p> <p>1915</p> <p>1921</p> <p>July 5, 1927</p>
<p><b>Contributory causes</b> of importance not related to principal cause:</p>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with, and, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish last illness at the request of the family of the deceased, furnish to the person or persons named in the certificate a copy of the certificate for registration, a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his usual age, the disease of which he died, denied as required by law, the date and place of death, the duration of his last illness, when last seen alive by the physician or officer and the cause of death.

illness, when last seen alive by the physician.

date of interment. **No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there be no such board, from the clerk of the town where the body is to be buried; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb of another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent, or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, if any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, a sufficient reason shall be given, his certificate cannot be obtained easily enough for the purpose, or he is insufficient, a physician who is a member of the board of health, or employed by it or by selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate, and if such a permit for the removal shall make such certificate, and shall be returned from one town to

of a human body, not precluded, cannot be obtained early enough for the purpose of the undertaking of death made as above provided, and in the possession of the undertaker seeking to make such removal shall still be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit moved upon form for the removal of such body has, been sooner obtained, and the body is being removed to a place where it is to be retained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States, in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or health committee, upon the permit.

receipt of such statement and certificate, shall give for registration, and transmit it to the clerk of the town or the physician person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (1880 EDITION.)

### Medical examiners

the deceased's name.—GEN. LAWS, CHAP. 38, SEC. 6, by violence.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (THIRTEENTH EDITION)

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(3) **Medical Examiners** will investigate and certify to all deaths as those of persons who, though disabled by recognized disease or unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when death certificate of death is needed.

(4) **Medical Examiners** will investigate and certify to all deaths supposedly due to injuries resulting from violence or transmission (including resulting septicaemia).

directly or indirectly of mechanical, thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



Essex



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Danvers

(City or town making return)

PLACE OF DEATH

(County)

Danvers

(City or Town)

No. Danvers State Hospital St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 122

2 FULL NAME

Edgar Beach

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 55 Court Road St., Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 20 days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)
male	white	married	

5a If married, widowed, or divorced

HUSBAND of Mary Ramsey

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE	69	Years	1	Months	13	Days	If less than 1 day
							Hours..... Minutes

OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Carpenter
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	

10 Date deceased last worked at this occupation (month and year)	10/1937	11 Total time (years) spent in this occupation	25
--	---------	--	----

12 BIRTHPLACE (City) New Brunswick  
(State or country)

13 NAME OF FATHER William R. Beach

14 BIRTHPLACE OF FATHER (City) New Brunswick  
(State or country)

15 MAIDEN NAME OF MOTHER Eleanor Slocum

16 BIRTHPLACE OF MOTHER (City) Nova Scotia  
(State or country)17 Informant M.K. McPhillips  
(Address) DSU

A TRUE COPY.

ATTEST Registrar of city or town where death occurred

DATE FILED

7/5/38

19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 27, 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 7, 1938 to June 27, 1938  
I last saw him alive on June 27, 1938, death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chr. Myocarditis	1 yr
Generalized arteriosclerosis	1 yr.
Bronchopneumonia	1 day

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Melvin Goodman, M. D.

(Address) DSU Date 7/1 1938

21 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop  
(Cemetery) (City or town)

DATE OF BURIAL 6/30/38

22 NAME OF UNDERTAKER C. R. Bannison

ADDRESS Winthrop

Received and filed JUN 21 1938 19

(Registrar of City or Town where deceased resided)





PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 123

1 PLACE OF DEATH No. 137 Court Road St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis Lally (If deceased is married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran specify WAR)

(a) Residence. No. 137 Court Road St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 years months days. How long in U.S., if of foreign birth? 70 years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 81 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer 10 Date deceased last worked at this occupation (month and year) Jan 1913 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER Patrick J. Lally

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Margaret Norton

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Jennie Lally (Address) 137 Court Road Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 6/25/38

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 27 38 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from June 1 1937, to June 26, 1938. I last saw him alive on June 26, 1938, death is said to have occurred on the date stated above, at 2:36 AM. The principal cause of death and related causes of importance in order of onset were as follows:

Glomerular Nephritis Date of Onset IMPORTANT 87

Contributory causes of importance not related to principal cause: Metabolic Disturbance of Heart Atherosclerosis 86

Name of operation Clinical Date of operation 1938 What test confirmed diagnosis? Urinary Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James H. Strong, M. D. (Address) 62 Monmouth Date 6/28/38

21 Old Calvary Boston Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL June 29 1938

22 NAME OF UNDERTAKER Edwin A. Lane ADDRESS 201 Bowdoin St. Dorchester

Received and filed JUL 12 1938 19 (Registrar)

**Statement of occupation.**—The precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entries in this section for every person aged 10 years or over. If the occupation had been given the up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK. In answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOMER, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with, after the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, denied as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the state of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which had not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement confirming the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If, any, as required by law, or in lieu thereof a physician, or if, for sufficient persons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal, provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, less a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause, and the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery for burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed. Investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting thermal, chemical, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**



tion should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 290 Revere St., Winthrop

St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Stacy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 290 Revere St., Winthrop

(Usual place of abode)

St. Ward. (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed or divorced HUSBAND of Elizabeth Beamer Stacy (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, Engineer sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, Shoe Factory saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 1938 11 Total time (years) spent in this occupation. 35

12 BIRTHPLACE (City) Halifax (State or country) Nova Scotia

13 NAME OF FATHER Thomas Stacy

14 BIRTHPLACE OF FATHER (City) England (State or country)

15 MAIDEN NAME OF MOTHER Maria Hoyce

16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

17 Informant Elizabeth Stacy (Address) 290 Revere St., Winthrop Relation, if any (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 124

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 4 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 10, 1938, to July 4, 1938.

I last saw him alive on July 2, 1938, death is said to have occurred on the date stated above, at 10:30 AM.

The principal cause of death and related causes of importance in order of onset were as follows:

Angina Pectoris Date of Onset IMPORTANT June 19/38

Contributory causes of importance not related to principal cause:

Arteriosclerosis Date of Onset July 10, 1938

Name of operation none Date of What test confirmed diagnosis? Personal History Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Rogers B. Parker M. D. (Address) Winthrop, Mass. Date July 5, 1938

21 Winthrop Cemetery Winthrop Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL July 6 1938

22 NAME OF UNDERTAKER Richard B. White ADDRESS 147 Winthrop St., Winthrop

Recalvad and filed. 50 19

(Registrar)

100M 11 '36 No. 9080 F

**Statement of occupation.**—The concise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the parties to the work, as "store," "factory," "mill," etc. State the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MIXING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any other complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three, causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

fast illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of this last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body, has been sooner obtained hereunder. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, when the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . (GEN. LAWS, CHAP. 38, SEC. 6.)

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.



information should be carefully supplied. AGE should be stated EXACTLY. Every item of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2038-f

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 45 Sargent St., Winthrop

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 125

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Annie (Fraser) Turnbull

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 45 Sargent St., Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth? 65 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

George S. Turnbull

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 82

Years 3

Months 25

Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Stewiacke

(State or country)

Nova Scotia

13 NAME OF FATHER

John Fraser

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

Catherine Forbes

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

17

Informant

Mr. George S. Turnbull

Relation, if any

(Son)

(Address) 45 Sargent St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

5 1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb. 20, 1938, to July 4, 1938

I last saw him alive on July 4, 1938, death is said

to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance in order of onset  
were as follows:

Carcinoma of Thyroid Gland

Date of Onset  
IMPORTANT

Feb. 20-38

Contributory causes of importance not related to principal cause:

Broncho-pneumonia

July 1-38

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Louis F. Salerno, M. D.

(Address) 275 Pleasant St. W. Date July 5, 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cemetery Winthrop  
(Cemetery) (City or town)

DATE OF BURIAL July 7, 1938

22 NAME OF UNDERTAKER R. H. White & Son E. P. H.  
ADDRESS 147 Winthrop St., Winthrop

Received and filed..... 19.....

JUL 12 1938

(Registrar)

**Statement of occupation.**—A concise statement of occupation is very important, so that the relative healthiness of various pursuits can be ascertained. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed for 10 years or over. If the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. If neither, not formerly employed, may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the distinctive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashlentia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes of importance, not related to principal cause, name other important diseases.

## Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset

<p><i>Alterbosciosis</i></p> <p><i>Chronic interstitial nephritis</i></p> <p><i>Cerebral hemorrhage</i></p>	<p>1915</p> <p>1921</p> <p>July 5, 1927</p>
<p>Contributory causes of importance not related to principal cause:</p>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician at a registered hospital medical officer shall forthwith certify the death of a person who has died of any of his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnished for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive, and the date of his death, and the date of his death...

*Public Health Act, 1903, Sec. 9*

No undertaker or other person shall buy or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, addressed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith concur therein and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Seventeenth Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; and otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof, which has been found in any commonwealth, until he has been authorized by a permit from the board of health or its agent, or has been authorized to issue such permit, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery and burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. (Centenary Edition)*

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Road of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, those sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



PLACE OF DEATH

1

*Suffolk*  
 (County)  
*Winthrop*  
 (City or Town)



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS

STANDARD

## CERTIFICATE OF DEATH

Registered No. 126

No. *Winthrop Community Hospital* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2 FULL NAME

*Telles*  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
 War Veteran  
 specify WAR)

(a) Residence. No. *3 Leamson St.* Ward *East Boston*  
 (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. *Stillborn*

7 AGE.....Years.....Months.....Days If less than 1 day .....Hours.....Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) *Winthrop* (State or country) *Mass*

13 NAME OF FATHER *Arthur W. Telles*

14 BIRTHPLACE OF FATHER (City) *East Boston* (State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Rose G. Larsen*

16 BIRTHPLACE OF MOTHER (City) *Boston* (State or country) *Mass*

17 Informant *Arthur W. Telles* Relation, if any *Father* (Address) *3 Leamson St E Boston*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer) *Wm. D. Chelidress*

(Official Designation) *Health Officer* (Date of Issue of Permit) *7/6/38*

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *July 5 1938*  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *July 5 1938* to *July 5 1938*

I last saw him alive on *July 5 1938*, death is said to have occurred on the date stated above, at *5* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset  
**IMPORTANT**

*Stillborn*

Contributory causes of importance not related to principal cause:

Name of operation.....Date of.....  
 What test confirmed diagnosis?.....Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) *P. Costanza* M. D.

(Address) *238 Maverick St B* Date *7/5/1938*

21 *St Michaels* *Boston*

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *July 6 1938*

22 NAME OF UNDERTAKER *Fredrick J. Maguire*

ADDRESS *64 Mundian St E Boston*

Received and filed.....19.....

*JUL*

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not in school, report the occupation prior to school. For a woman whose only occupation was that of home housework, write "housework" in answer to Question 8 and "own home" in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc.** For a person who had no occupation whatever write **NO OCCUPATION**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **SPINNER, WEAVER, etc.**

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.**

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc.** Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **CARPENTER, PAINTER, MACHINIST, etc.** Distinguish carefully between **RETAIL MERCHANTS** and **WHOLESALE MERCHANTS**. A person who sells goods should be called a **SALESMAN** and not a **CLERK**.

**Statement of Cause of Death.**—Cause of death means the disease, or complication, which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer shall notify with, after the death of a person whom he has attended during and last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, the best person for registration a standard certificate of death, stating to his satisfaction his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, deemed as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .** GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from a cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to the board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, and the facts shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if for sufficient reasons, his certificate cannot be obtained, namely enough for the purpose, or is insufficient, a physician is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)**

**Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—GEN. LAWS, CHAP. 38, SEC. 6.**

**He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.**

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age, black ink. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 '36 No. 9080 F

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD

## CERTIFICATE OF DEATH

Registered No. 127

No. Winthrop Community Hospital St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Pagano Jr.  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 133 Putnam St., 1 Ward, East Boston  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months 6 days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 5 Years 8 Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Primary School  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. School  
10 Date deceased last worked at this occupation (month and year) June 1938 11 Total time (years) spent in this occupation 1

12 BIRTHPLACE (City) Winthrop  
(State or country) Mass.

13 NAME OF FATHER John Pagano

14 BIRTHPLACE OF FATHER (City) Anagnino  
(State or country) Italy

15 MAIDEN NAME OF MOTHER Lena Zollo

16 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass.

17 Informant John Pagano (father)  
(Address) 133 Putnam St. E. 13.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial, or transfer permit was issued:

Wm. S. Childress  
(Signature of Agent of Board of Health or other Health Officer) 7/7/38  
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 5 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 29, 1938, to July 5, 1938.  
I last saw him alive on July 5, 1938; death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Peritonitis Date of Onset July 3 1938  
IMPORTANT

Contributory causes of importance not related to principal cause:

Acute appendicitis June 29 1938

Name of operation Appendectomy Date of June 29, 1938  
What test confirmed diagnosis? Clinical Was there an autopsy? none

20 Was disease or injury in any way related to occupation of deceased?

If so, specify F. J. Zollo M. D.  
(Signed) (Address) 353 R. Ave. S. R. Ave. S. Date 7/5/38 19

21 St. Michael's Boston  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL July 8 1938

22 NAME OF UNDERTAKER W. J. Kelly  
ADDRESS 11 Meridian St., E. 13.

Received and filed. JUN 12 1938 1938  
JUL 12 1938 (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a person whose only occupation was that of home housework, write "housework" in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever return none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms, "store," "factory," "mill," etc. State the particular kind of business, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, *E. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i> .....	1915
<i>Chronic interstitial nephritis</i> .....	1921
<i>Cerebral hemorrhage</i> .....	July 5, 1927
<b>Contributory causes of importance not related to principal cause:</b>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause may appear in the above example happens to be the second cause given.

with illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by the law, the date where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has, been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith, countersign it and transmit it to the clerk of the town, for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained, as the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . (GEN. LAWS, CHAP. 38, SEC. 6.)  
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery, burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE

The fulfillment of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by a recognized medical unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include, not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury, or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**



THIS IS A PERMANENT RECORD. Every item of information furnished hereon is subject to the laws on back of certificate. See instructions and extracts from the laws on back of certificate. In plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important.

100m-12-735, No. 6156E

1 PLACE OF DEATH Suffolk County Winthrop (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		(City or town making return) 128 Registered No.	
No. 90 SHORE DRIVE Winthrop		St., 1		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME HARRY Kahn (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U.S. War Veteran specify WAR)			
(a) Residence. No. 79 WALNUT PARK BURLINGTON (Usual place of abode)		Ward, 11 (If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		years months days		How long in U.S., if of foreign birth? years months days	
PERSONAL AND STATISTICAL PARTICULARS					
8 SEX MALE		4 COLOR OR RACE WHITE		5 SINGLE MARRIED WIDOWED or DIVORCED MARRIED (write the word)	
6a If married, widowed, or divorced HUSBAND of Jeanette Patkowsky (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE 44 Years Months Days		If less than 1 day Hours Minutes			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auctioneer & Constable		9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Boston			
10 Date deceased last worked at this occupation (month and year) June 29, 1938		11 Total time (years) spent in this occupation 12			
12 BIRTHPLACE (City) (State or country) Boston					
13 NAME OF FATHER Isaac Kahn					
14 BIRTHPLACE OF FATHER (City) (State or country) Russia					
15 MAIDEN NAME OF MOTHER Martha (unknown)					
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia					
17 Informant Jeanette Kahn (wife) (Address) 79 Walnut Park Boston Relation, if any (wife)					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: William D. Childress (Signature of Agent of Board of Health or other) Agent July 9/38 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH July 9 1938 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from July 1 1938 to July 9 1938 I last saw him alive on July 9 1938; death is said to have occurred on the date stated above, at 6:50 P.M. The principal cause of death and related causes of importance in order of onset were as follows:					
Rheumatic Heart Disease 1930 Mitral Stenosis 1935 Acute dilatation of heart July 9/38					
Contributory causes of importance not related to principal cause:					
Name of operation none Date of What test confirmed diagnosis? X-ray & laboratory Was there an autopsy? No					
20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Jacob Abrams M.D. (Address) 562 Shirley St. Date July 8/38					
21 Place of Burial, Cremation or Removal (City or Town) Tifereth Israel Cemetery, Boston W. Roxbury DATE OF BURIAL July 10 1938					
22 NAME OF UNDERTAKER J. H. H. Lorne ADDRESS 394 Washington St. Dor.					
Received and filed JUL 12 1938 19					
A TRUE COPY ATTEST: (Registrar)					

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness in this section for every suit can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not really employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOME, etc. For a person who had no occupation whatever write NONE.

an occupation return must state:

To be complete, an occupation return must also include a particular kind of work done

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the deceased last worked at the time of death.

the deceased followed the occupation.

11.—The number of years since the last time the respondent was in the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," etc. Distinguish occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death**—Cause of death means the disease, or complication which caused death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. A principal cause name the disease, e. g., cancer of the stomach. A related cause, name cause more than one, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes, name other important causes not related to principal cause, name other important diseases.

**Example**

of importance in order of onset

1915

Arteriosclerosis

Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Cerebral hemorrhage

**Contributory causes** of importance not related to principal cause:

[illegible]

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that the principal cause may appear in either the first, second, or third position. The principal cause in the above example happens to be the second cause given.

last, after the death of a person an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, denied as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, agent appointed to issue such permits, the board of health or undertaker of the clerk of the town where the or if there is no such board, from the clerk of the town where the person died; and no use it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body has been buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided for and in the possession of the undertaker desiring to make such a removal shall also be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been soeet obtained in the interim. If the death certificate contains a verbal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war, in which it has been engaged, such verbal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, while the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (18-

**CERTIFYING EXAMINERS.** shall make examination upon the view of the medical bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, or otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such venereal disease as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths attributable to injury. These include not only deaths caused directly by trauma (including resulting septicemia), indirectly by the action of chemical (drugs or poisons), thermal, electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease, and the deaths of persons found dead.

from disease resulting from injury or infection related to occupational activities, and the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Accuracy of data is essential. Exact statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate. is very important.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent **129**

Registered No. ....

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthron  
(City or Town)  
No. 95 Summit Avenue St. .... Ward {

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME George William Snow  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR) .....

(a) Residence. No. 95 Summit Avenue St. .... Ward, .....

(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

18 DATE OF DEATH July 9 1938  
(Month) (Day) (Year)

5a If married, widowed, or divorced  
HUSBAND of Marion Foss  
(Give maiden name of wife in full)

19 I HEREBY CERTIFY That I attended deceased from  
January 30, 1938, to July 9, 1938

(or) WIFE of  
(Husband's name in full)

I last saw him alive on July 9, 1938, death is said  
to have occurred on the date stated above, at 4 p.m.

6 IF STILLBORN, enter that fact here.

The principal cause of death and related causes of importance in order of onset  
were as follows:

7 AGE 59 Years 4 Months 2 Days If less than 1 day  
Hours Minutes

Date of Onset  
IMPORTANT

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leather company  
10 Date deceased last worked at this occupation (month and year) Sept. 1937 Total time (years) spent in this occupation 30

Sarcoma of testicle (right) 1937

12 BIRTHPLACE (City) Holliston  
(State or country) Massachusetts

Contributory causes of importance not related to principal cause:  
General sarcomatosis 1938

13 NAME OF FATHER George William Snow

14 BIRTHPLACE OF FATHER (City) Unable to obtain  
(State or country)

Name of operation Excision of testicle Retrospect  
What test confirmed diagnosis Clinical & histological

15 MAIDEN NAME OF MOTHER Clara McLean

16 BIRTHPLACE OF MOTHER (City) Unable to obtain  
(State or country)

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify No

(Signed) Jacob J. Higgins M. D.  
(Address) 562 Shirley St. Date July 11/38

17 Informant Marion Foss Snow Relation, if any (wife)  
(Address) 95 Summit Ave. Winthrop Mass

21 PLACE OF BURIAL, CREMATION OR REMOVAL Riverside Farmington  
(Cemetery) (City or town) Me.

DATE OF BURIAL July 12, 1938 19

22 NAME OF UNDERTAKER Charles R. Bennison  
ADDRESS Winthron Mass

Received and filed July 12 1938 19

JUL 12 1938 (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative *usefulness* of various pursuits can be known. Make some entries in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the deceased's death, report the occupation prior to illness. If the deceased had retired from business, report the occupation, or retirement, if the deceased had been gainfully employed, occupation, as of *school* or *at home*. For a woman whose main occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *waitress*, *cook*, *household*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8 — The trade, profession, or particular kind of work done.

9. The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cottonmill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief mechanical engineer, mining engineer, stationary engine*, etc. Avoid the term "laborer" when a more precise term of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, cooper, painter, machinist*, etc. Distinguish carefully between *relief men, firemen, and wildcat men*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease causing death. As related cause, name earlier morbid conditions, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

in a group of causes containing the principal cause and related causes, the causes should be given in the order of one's, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths **directly or indirectly due to injury**. These include not only deaths caused **directly or indirectly by trauma** (mechanical, thermal, or electrical), and by the action of chemical agents (poisons), but also deaths from diseases, agents, and death by infection; but also deaths from occupation, the resulting injury or infection related to occupation, the disease and those of persons found dead.

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To be filed for burial permit  
with Board of Health  
or its Agent

t130

## Registered No.....

## PLACE OF DEATH

508113  
(County)



Winthrop  
(City or Town)

No. Community Hospital St.,          Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME.....Minnie Alice Barron (nee) Murphy..... War Veteran,  
(If deceased is a married, widowed or divorced woman, give also maiden name.).....specify WAR.....

(a) Residence. No. 1576 No. Shore Rd. St. Ward, REVERE  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 13 days. How long in U. S., if of foreign birth? 6.5 yrs. mos. days.

## MEDICAL CERTIFICATE OF DEATH

3 SEX female	4 COLOR OR RACE white	5 SINGLE MARRIED WIDOWED or DIVORCED widowed	(write the word)
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5a If married, widowed, or divorced  
HUSBAND of William  
(Give maiden name of wife in full)  
(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

8 IF STILLBORN, enter that fact here.

7  
AGE 71 Years Months Days If less than 1 day  
Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) May 1938

11 Total time (years) spent in this occupation 40

housewife at home.

12 BIRTHPLACE (City)..... Holitas  
(State or country) Nova Scotia

13 NAME OF FATHER James Morphy

14 BIRTHPLACE OF FATHER (City) .....  
(State or country) *Nova Scotia*

15 MAIDEN NAME  
OF MOTHER Bridget Fay

16 BIRTHPLACE OF  
MOTHER (City) .....  
(State or country) *Nova Scotia*

17 Informant Philip Murphy - brother  
(Address) 1576 North Shore Rd. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other  
Health Officer) *[Signature]* 7  
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH July 10 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY That attended deceased from  
June 25 1938 to July 10 1938

I last saw h... alive on July 10 1938, death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

Onset were as follows: *Carcinoma of Umbilicus* Date of Onset **IMPORTANT** 1937

Contributory causes of importance not related to principal cause:

Name of operation... laparotomy Date of... 6/30/58  
What test confirmed diagnosis? Microscope Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify \_\_\_\_\_  
(Signed) W. J. Brown \_\_\_\_\_, M. D.  
(Address) 2000 Central Ave \_\_\_\_\_ Date 7/13 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden  
(Cemetery) (City or town)

DATE OF BURIAL July 14 1938

22 NAME OF UNDERTAKER Murray + Murray  
ADDRESS 254 Beach St. Revere

Received and filed ..... 19 .....

JUL 19 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages however, designate the occupation by the appropriate terms, as *housekeeper*—*waitress*, *cook*—*maid*, etc. For a person who had no occupation—*invalid*, *never write none*.

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular duties done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *Grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, the occupation can be secured. Do not more precisely state "mechanic," but give the exact occupation, as *carpenter*, *use of the watchmaker*, etc. Distinguish carefully between *trial* and *salesman* and not a *clerk*. A person who sells goods should be called a

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes of importance related to principal cause, name other important diseases.

### Example

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i> ,	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example seems to be the second cause given.

**A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration and certify the name of the deceased, stating the best of his knowledge and belief the cause of death, his supposed age, the disease of which he died, defined as required by section one, the date of onset of the disease, the duration of his last illness, when last seen alive by the physician or officer and the date of his last illness.**

seen alive by the physician.

Gen. Laws, Chap. 46, Sec. 9.

*Gen. Laws, Chap. 46, Sec. 9.*  
No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from the board of health from the same cemetery, or from the board of health from the board of health from some cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker intended to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, which it has been engaged, such recital shall appear upon such statement and certificate, shall forthwith consign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Act 45, G. L.,*

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence, *Gen. Laws, Chap. 38, Sec. 6.*

by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*

.... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery. *Chap. 114.*

# RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice: "

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths death is caused by any of the following: These include not only deaths caused **supposably due to** injury, but also deaths from disease, directly or indirectly of chemical (drugs or poisons), thermal, or electrical, and by the action of strychnine, barbiturates, and other poisons, and by the actions following abortion, but also deaths from disease, and from injury or infection related to occupation, the resulting deaths of persons not disabled by recognized disease, and those of persons found dead.



Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 131

2 FULL NAME Jessie L. (Knight) Albright

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 50 Adams Street

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed
-----------------	--------------------------	---

(write the word)

5a If married, widowed, or divorced

HUSBAND of

Werter B. Albright

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66	Years 1	Months 6	Days	If less than 1 day Hours Minutes
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OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	House Keeper
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Private residence
	10 Date deceased last worked at this occupation (month and year)	Feb. 1936
	11 Total time (years) spent in this occupation.	19

12 BIRTHPLACE (City)	Cleveland
(State or country)	Ohio

13 NAME OF FATHER	William Gabriel Knight
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14 BIRTHPLACE OF FATHER (City)	Margate
(State or country)	England

15 MAIDEN NAME OF MOTHER	Jean Armour Ferguson
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16 BIRTHPLACE OF MOTHER (City)	Perth
(State or country)	Scotland

17 Informant (Address)	Mrs F.M. Russell (Sister) 50 Adams St Winthrop Mass.
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I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childers  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7/14/38



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH	July 13, 1938
(Month)	(Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 13, 1938, to July 13, 1938. I last saw him alive on July 13, 1938, death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Clostridium Wymarditis 1938

Contributory causes of importance not related to principal cause:

Asthenia, Diabetes & Hypertension 1938

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Young

(Address) 2000 Central Ave Date 7/14/38

21 PLACE OF BURIAL, CREMATION OR REMOVAL Delaware Ohio

(City or town)

DATE OF BURIAL July 15, 1938

19

22 NAME OF UNDERTAKER R. H. White &amp; P. H.

ADDRESS 147 Winthrop St Winthrop Mass

Received and filed JUL 19 1938 19

(Registrar)

## RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

## Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1921
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retical as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.***

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



Information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34. No. 2938-g

PLACE OF DEATH 1		Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
		Winthrop (City or Town)				Registered No. 132	
No. 15 Cora St.		ELIZABETH		St.		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Helen Mitchell Furey		(If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 15 Cora St. Winthrop		St.		Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		25 yrs.		mos.		days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED					
Female	White	Married					
5a If married, widowed, or divorced							
HUSBAND of (Give maiden name of wife in full)							
(or) WIFE of Lawrence Michael Furey (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7	25	2	If less than 1 day				
AGE	Years	Months	Days	Hours	Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.						
	Housewife						
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
At home							
10 Date deceased last worked at this occupation (month and year)							
11 Total time (years) spent in this occupation							
12 BIRTHPLACE (City) Winthrop (State or country) Massachusetts							
PARENTS	13 NAME OF FATHER Thomas Mitchell						
	14 BIRTHPLACE OF FATHER (City) England (State or country)						
	15 MAIDEN NAME OF MOTHER Ellen Hyland						
16 BIRTHPLACE OF MOTHER (City) England (State or country)							
17 Informant Lawrence M. Furey (Husband) (Address) 15 Cora St Winthrop Mass							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: W. M. S. Childress (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 7/16/38							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH July - 15 - 1938 (Month) (Day) (Year)							
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) for Poisoning Suicidal Found dead in her home							
(See reverse side for description for unknown person)							
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop (Signed) J. M. S. Childress M. D. (Address) Boston July 15 - 1938							
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)							
DATE OF BURIAL July 17 1938							
22 NAME OF UNDERTAKER Richard H. White ADDRESS 147 Winthrop St Winthrop Mass							
Received and filed JUL 19 1938							
(Registrar)							

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... — *Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... — *General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

**RULES OF PRACTICE**

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septiremia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

**STATEMENT OF CAUSE OF DEATH**

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septiremia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

**DESCRIPTION (for unknown person)**.....

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

*Suffolk*  
(County)  
*Waltham*  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. **133**

2 FULL NAME

No. *Waltham Community Hall* Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Male *Winston*  
(If deceased is a married, widowed or divorced man, give also maiden name.)

(If U. S. War Veteran notify WAR)

(a) Residence. No.

(Usual place of abode)

*74 Shore Drive* St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE  
MARRIED  
WIDOWED  
or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE.....Years.....Months.....Days

If less than 1 day

.....Hours.....Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

PARENTS

17

Informant (Address)

Relation (any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

*July 17, 1938*  
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from

*July 17, 1938, to July 17, 1938*  
I last saw h..... alive on....., 19....., death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Contributory causes of importance not related to principal cause:

Name of operation

What test confirmed diagnosis? *Chloroform* Date of *7-17-38* Was there an autopsy? *No*

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Address *34 Crowninshield St. Boston* Date *7-17-38* M. D.

21 Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

22 NAME OF UNDERTAKER

ADDRESS *190 Wash St. Roxbury*

Received and filed

19.....

A TRUE COPY ATTEST:

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some record in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not a woman who may be returned as AT SCHOOL, or AT HOME. For a girl whose employment was that of home housework, write HOUSEWORK IN ANSWER TO Question 8 and own HOME IN ANSWER TO Question 9. For a person engaged in domestic service for wages, designate the occupation by the appropriate terms, as, HOUSE-MAID, COOK, etc. For a person whose occupation was private family work, write whatever name you wish, no occupation whatever write NONE.

an occupation return must state:

To be complete, an occupation retains more than one function or particular kind of work done.

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by staining the full descriptive titles as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication, or combination of diseases, which causes death, not the mode of dying, e. g., heart failure, pneumonia, asphyxia, asbestosis, etc. As principal cause name the disease, as pneumonia, asphyxia, etc. As related causes, name other morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes, name those of importance not related to principal cause, name other important diseases.

### Example

	Date of Onset
The <b>principal cause of death</b> and related causes of importance in order of onset were as follows:	1915
<i>Arteriosclerosis</i>	
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes</i> of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered nurse, upon whom he has attended during his life, after the death of the decedent, may, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name, date and place of birth, the name and address of the last place of residence, the duration of his last illness, the cause of death, the date and place of death, and the sex of the decedent. The certificate so furnished shall be deemed to be true and correct, and shall be accepted as such by the physician or other person who is required by law to register the death. The fee for such certificate shall be ascertained by the board of health. Gen. Laws Chap. 46, Sec. 9.

NO UNCLE TOM'S CABIN

of a person has been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been satisfactory written statement from the board of health or its agent, or from the clerk of the town, or clerk, as the case may be, by law to be an original internment, by which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician. If any, as hereinbefore provided, or in lieu thereof a certificate as hereinbefore provided.

gained by law, or in accordance with the provisions of the act. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examinee

shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided for in the possession of the undertaker desiring to make such

removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-

The person whose death shall thereafter furnish for registration the necessary information which can be obtained as to the cause or to the manner or cause of the death, which it is desired to register, shall make examination upon the death bodies of only such persons as are supposed to have died from causes other than those mentioned above.

(CENTENARY EDITION.)

**Medical examiners.**

The medical examiners shall make examination upon the dead bodies of only such persons as are supposed to have died from causes other than those mentioned above.

by violence. : :—GEN. LAWS, CHAP. 36, Sec. 7.  
 .... He shall in all cases certify to the town clerk or registrar  
 the place where the deceased died his name and residence,  
 known; otherwise a description as full as may be, with the cause  
 and manner of death.—GEN. LAWS, CHAP. 38, Sec. 7.

No undertaker or other person shall carry a human body above ground which have been brought into the city.

astute view) which have come to do from the board of health until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 6, G. L. (THIRTY-NINTH EDITION)

# RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only if illness from disease unrelated to any form of injury, or if death is unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

**Medical Examiners** These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), but also by the action of chemical (drugs or poisons), thermal, electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation. The sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 134

1 No. 25-Sea Foam Ave. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME David Goldberg  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 Sea Foam Ave. Ward Winthrop  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 16 years months days. How long in U.S., if of foreign birth? 30 years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced HUSBAND of Anna Cantell (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 71 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher Shop

10 Date deceased last worked at this occupation (month and year) July 15, 1938 11 Total time (years) spent in this occupation yrs

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Benjamin Goldberg

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Edg. Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) Morris Kaneyis 25 Sea Foam Ave Winthrop Relation, if any (Son)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Wm. S. Schulz (Signature of Agent of Board of Health or other Health Officer) 7/18/38 (Date of Issue of Permit)

18 DATE OF DEATH July 18, 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 16, 1938, to July 17, 1938. Last saw him alive on July 17, 1938, death is said to have occurred on the date stated above, at 8 A.M.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Cardiac Decompensation  
Chronic Myocarditis  
Contributory causes of importance not related to principal cause: Generalized arteriosclerosis, Senility

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) H. Nathan Kaplan, M.D. (Address) 186 Princeton St. B. Date July 19, 1938.

21 Place of Burial, Cremation or Removal (City or Town) Carl Chester 71 of DATE OF BURIAL July 19, 1938

22 NAME OF UNDERTAKER ADDRESS

Received and filed JUL 19 1938 19 (Registrar)





THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
**STANDARD**  
**CERTIFICATE OF DEATH**

BROOKLINE  
 (City or town making return)

Registered No. 375 135

1 PLACE OF DEATH  
 NORFOLK  
 (County)

BROOKLINE  
 (City or Town)

No. 23 SUMNER ROAD St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ETTA ISBER  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 10 GROVERS AVENUE St., Ward, WINTHROP, MASS.  
 (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 5 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Herman Isber  
 (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years Months Days If less than 1 day Hours Minutes

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home  
 10 Date deceased last worked at this occupation (month and year) Mar. '38 11 Total time (years) spent in this occupation yrs.

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER William Swig

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Ida (Cannot be learned)

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant William Isber (Son)  
 (Address) 10 Grovers Ave. Winthrop

A TRUE COPY  
 ATTEST: (Registrar of city or town where death occurred)

DATE FILED July 23, 19 38

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH July 23 1938  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 15, 19 38 to July 20, 19 38

I last saw her alive on July 20, 19 38 death is said

to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cancer of stomach Date of onset Feb. 1938

Contributory causes of importance not related to principal cause:

Peritonitis after hemorrhage (abdominal) 7/15/38

Name of operation Exploratory Lap. Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Saul Hertz M. D.

(Address) 144 Grove St. Brkln. Date 7/23, 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Otisfield, W. Roxbury  
 (Cemetery) (City or town)

DATE OF BURIAL July 24, 1938

22 NAME OF UNDERTAKER Manuel Stanetsky

ADDRESS Dorchester

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



AUG-5 1938 AM



information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5in-12-34, No. 2938-g



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial  
permit with Board of  
Health or its Agent.

Registered No. 136

1 PLACE OF DEATH  
Winthrop  
(County)  
Winthrop  
(City or Town)

No. 169 Main St. Ward

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

169 Main st

St. Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of Jennie Flynn Leslie

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 48 Years 2 Months 17 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner. Printer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Job Shop

10 Date deceased last worked at this occupation (month and year) July 23 1938

11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City). South Boston (State or country) Mass.

13 NAME OF FATHER John Leslie

14 BIRTHPLACE OF FATHER (City). England (State or country)

15 MAIDEN NAME OF MOTHER Annie Preeper

16 BIRTHPLACE OF MOTHER (City). Nova Scotia (State or country)

17

Informant Jennie Leslie (Address) 169 Main St. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 23 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fractured Skulls.  
multiple fractures said  
to have been struck  
by train on 7/23/38

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop Mass

(Signed) [Signature] M. D.

(Address) [Address] Date 7/23/38

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL July 26 1938 19

22 NAME OF UNDERTAKER [Signature]

ADDRESS 147 Winthrop St. Winthrop

Received and filed July 28, 1938

(Registrar)

**EXTRACTS**  
**FROM THE LAWS OF THE**  
**COMMONWEALTH OF MASSACHUSETTS**  
**GOVERNING THE**  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

**RULES OF PRACTICE**

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

**STATEMENT OF CAUSE OF DEATH**

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)**.....

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



WRITE IN INK. WITH INKING, RI ACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Hospital

STANDARD  
CERTIFICATE OF DEATH

Registered No. 137

PLACE OF DEATH

2 FULL NAME Edward W. Keough

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 78 Waldemar Av.

(Usual place of abode)

St. Ward

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)(If U. S.  
War Veteran,  
specify WAR)

Length of residence in city or town where death occurred 16 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE  
MARRIED  
WIDOWED  
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 16 Years 5 Months 14 Days If less than 1 day  
Hours Minutes

OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

School

9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10 Date deceased last worked at  
this occupation (month and  
year)11 Total time (years)  
spent in this  
occupation

12 BIRTHPLACE (City) Chelsea

(State or country)

Mass

13 NAME OF

FATHER Henry Keough

14 BIRTHPLACE OF

FATHER (City)

Chelsea

(State or country)

Mass.

15 MAIDEN NAME  
OF MOTHER

Grace Perkins

16 BIRTHPLACE OF  
MOTHER (City)

Chelsea

(State or country)

Mass.

17 Henry Keough (father)

Informant  
(Address)

78 Waldemar ave. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other

(Official Designation)

(Date of Issue of Permit)

18 DATE OF  
DEATH

July

26 1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

July 14, 1938, to July 26, 1938

last saw him alive on July 26, 1938, death is said

to have occurred on the date stated above, at 9:30 A. M.

The principal cause of death and related causes of importance in order of  
onset were as follows:Date of Onset  
IMPORTANTAcute Appendicitis  
Intestinal ObstructionJuly 14 1938  
July 24 1938

Contributory causes of importance not related to principal cause:

Name of operation Appendectomy Date of July 15 1938

What test confirmed diagnosis? Operation Was there an autopsy? N.Y.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

R B Parker

M. D.

(Address)

Winthrop Mass.

Date July 27 1938

21 PLACE OF BURIAL,  
CREMATION OR REMOVAL

Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

July 28

1938

22 NAME OF  
UNDERTAKER

Richard H White

ADDRESS

1147 Winthrop St. Winthrop

Received and filed July 28, 1938

(Registrar)

## RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. In answer to Question 8 and *own home* in answer to Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employ," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *millwright*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

## Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where the same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

*Gen. Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose.

If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths *apparently* due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



PLACE OF DEATH

Suffolk  
(County)  
Wentworth  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 138

1 PLACE OF DEATH No. 379 Pleasant St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Patrick Henry Corbett { (If U. S. War Veteran specify WAR)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 84 Fenway St., Ward, Boston  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months 15 days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male  
4 COLOR OR RACE White  
5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)  
6a If married, widowed, or divorced HUSBAND of Christina Welch (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)  
6 IF STILLBORN, enter that fact here.  
7 AGE 91 Years Months Days If less than 1 day Hours Minutes  
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police Officer  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Boston  
10 Date deceased last worked at this occupation (month and year) June 9/10  
11 Total time (years) spent in this occupation 33  
12 BIRTHPLACE (City) Boston  
(State or country) Mass.

18 DATE OF DEATH July 30 1938  
(Month) (Day) (Year)  
19 I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to July 30, 1938  
I last saw him alive on July 30, 1938, death is said to have occurred on the date stated above, at 6 P. M.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Chronic myocarditis  
Coronary thrombosis  
Arteriosclerosis  
Uræmia  
Contributory causes of importance not related to principal cause: Similar

Date of Onset  
IMPORTANT

1 mo  
?  
1 wk

13 NAME OF FATHER Patrick Corbett  
14 BIRTHPLACE OF FATHER (City) Co. Clare  
(State or country) Ireland  
15 MAIDEN NAME OF MOTHER Mary Kane  
16 BIRTHPLACE OF MOTHER (City) Co. Clare  
(State or country) Ireland

Name of operation none  
What test confirmed diagnosis? Clinical Date of What test confirmed diagnosis? Clinical Was there an autopsy? no  
20 Was disease or Injury in any way related to occupation of deceased? no  
If so, specify  
(Signed) Enos E. Bowring M. D.  
(Address) 290 Summer St. E. Boston Date August 1938

17 Informant Mrs. Daniel J. Moriarity (daughter)  
(Address) 379 Pleasant St., Wm.

21 ST. Joseph's Boston  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL August 2, 1938

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Wm. D. Muldoon  
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 8/1/38  
(Official Designation)

22 NAME OF UNDERTAKER M. J. Kelly  
ADDRESS 11 Meridian St. E. B.  
Received and filed AUG - 5 1938 19  
(Registrar)





The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH



Cambridge

(City or town making return)

139

Registered No. 974

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Cambridge Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Manuel T Sylvia

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 24 Chamberlain Ave.

St.

Ward

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W.

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

42

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bar tender

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

New Bedford

Mass.

13 NAME OF FATHER

Alfred Sylvia

14 BIRTHPLACE OF FATHER (City)

(State or country)

Azores

15 MAIDEN NAME OF MOTHER

Mary Simmons

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Azores

17

Informant (Address)

Alfred Sylvia

Orchard St. New Bedford

A TRUE COPY.

ATTEST:

Aug 2 1938

(Registrar of city or town where death occurred)

DATE FILED

Frederick H. B.

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

July 31 1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Fracture of skull

Struck by an automobile  
Accident

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

Suicide or

Homicide?

Accident

Date of injury

7/31

19

38

Where did

injury occur?

Watertown Mass.

(City or town and State)

Manner of

Injury

Nature of

Injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

David C. Dow

Date

19

1587 Mass. Ave

7/31 38

22 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Johns Cemetery New Bedford

DATE OF BURIAL

19

23 NAME OF UNDERTAKER

Aug 2 1938

Chas. A. Prates

ADDRESS

265 County St.

Received and filed

19

(Registrar of City or Town where deceased resided)

RECEIVED



AUG-8 1938 AM



..... (Registrar)

A TRUE COPY ATTEST:

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known, or, at least, make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed 10 years or over, of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not formerly employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write a woman, in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the particular occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, NOT the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arterioscleritis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in the first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** attending during his last illness, at the request of the family of the deceased, furnish person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, denied as required by section when last seen alive by the physician or officer and the illness, etc. death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician. If any person, not entitled by law, or in lieu thereof a certificate, as hereinbefore provided, if there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is the agent of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained. If the death certificate contains a rectal, or obtained by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall apply to the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, while the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery burial ground in which the internment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** shall certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance of which a certificate is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septically), or by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



tion should be carefully supplied. AGE should be stated EXACTLY. PRECEDENCE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-K

PLACE OF DEATH

SUFFOLK  
(County)  
BOSTON

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

BOSTON  
(City or town making return)

Registered No. 5402 141

No. Mass Memorial Hosp

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

--- Costonis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 173 Shirley

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Sing

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Boston

13 NAME OF FATHER

Arthur Costonis

14 BIRTHPLACE OF FATHER (City)

(State or country)

Albania

15 MAIDEN NAME OF MOTHER

Sylvia Bonaccaro

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Chicago Ill

17

Informant (Address)

mother

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

6/28/38

19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June 25/38

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

6/25/38

19

6/25/38

19

I last saw him alive on 6/25/38, 19, death is said to have occurred on the date stated above at 10:10p m.

The principal cause of death and related causes of importance in order of onset were as follows:

prematurity 6 mos

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

C. A. Powell

M. D.

(Address)

Mass Memorial Hosp

Date

6/26

19

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

6/28/38

19

22 NAME OF UNDERTAKER

C. R. Bonniason

ADDRESS

Winthrop

Received and filed

AUG 17 1938

19

(Registrar of City or Town where deceased resided)





THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

50m-9-31, No. 3485-K

PLACE OF DEATH

SUFFOLK  
(County)  
BOSTON

(City or Town)

No. **Mass Gen Hosp**

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **5467**

2 FULL NAME

**Catherine Lane**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **5 Washington Ave**

(Usual place of abode)

St.,

Ward, **Winthrop**

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

**F**

4 COLOR OR RACE

**W**

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

**Married**

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

**Patrick J Lane**

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

**66**

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

**housewife**

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

**6/38**11 Total time (years) spent in this occupation **40**

12 BIRTHPLACE (City)

(State or country)

**Boston**

13 NAME OF FATHER

**William Pomfret**

14 BIRTHPLACE OF FATHER (City)

(State or country)

**Ireland**

15 MAIDEN NAME OF MOTHER

**Margaret Hyde**

16 BIRTHPLACE OF MOTHER (City)

(State or country)

**Ireland**

17

Informant (Address)

**husband**

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. **5467**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran,

specify WAR)

**142**

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

**Jun 27/38**

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

**6/26/38**

, 19

**6/27/38**

, 19

I last saw **or** alive on **6/27/38**, 19to have occurred on the date stated above, **at** m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

**art. sclerosis-hypertension****1 yr****cerebral hemorrhage****10 hrs**

Contributory causes of importance not related to principal cause:

**laceration of forehead****6/26/38**Name of operation **suture of laceration** Date **6/26/38**

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

**R H Wallace**

M. D.

(Address)

**269 Beacon St**

Date

**6/27/38**21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop-Winthrop**

(Cemetery)

(City or town)

DATE OF BURIAL

**6/29/38**

19

22 NAME OF UNDERTAKER

**R C Kirby**

ADDRESS

**Boston****6/30/38**

Received and filed

**AUG 1938**

19

(Registrar of City or Town where deceased resided)





Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



BOSTON

(City or town making return)

5471143

STANDARD  
CERTIFICATE OF DEATH

Registered No. ....

1 PLACE OF DEATH

No. **Mass General Hosp**

St. .... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

**Samuel H Young**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. ....

**33 Court Rd**

St. .... Ward, **Winthrop**

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE MARRIED WIDOWED OR DIVORCED **Marr** (write the word)

5a If married, widowed, or divorced **Jennie S Peterson**  
HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **55** Years **3** Months **8** Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **steward**  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **SS**  
10 Date deceased last worked at this occupation (month and year) **/35** 11 Total time (years) spent in this occupation **54**

12 BIRTHPLACE (City) **England**  
(State or country)

13 NAME OF FATHER **Thomas Young**

14 BIRTHPLACE OF FATHER (City) **England**  
(State or country)

15 MAIDEN NAME OF MOTHER **---**

16 BIRTHPLACE OF MOTHER (City) **---**  
(State or country)

17 Informant (Address) **James A. Burke**

A TRUE COPY. **James A. Burke**  
ATTEST: (Registrar of city or town where death occurred)

DATE FILED **6/30/38** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **June 27/38**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **6/27/38** 19 to **6/27/38** 19

I last saw **him** alive on **6/27/38** 19, death is said to have occurred on the date stated above **4:11p** m.

The principal cause of death and related causes of importance in order of onset were as follows:

**cirrhosis of the liver, esophageal varices, with rupture** Date of onset **1 da** yrs

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **yes**

20 Was disease or injury in any way related to occupation of deceased? .....

If so, specify: .....

(Signed) **M. J. Rhees** M. D.  
(Address) **Mass Gen Hosp** Date **6/28** 19 **38**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Woodlawn Cemetery** **Everett**  
(City or town)

DATE OF BURIAL **6/29/38** 19

22 NAME OF UNDERTAKER **C. J. Berglund**

ADDRESS **Arlington**

Received and filed **AUG 17 1938** 19

(Registrar of City or Town where deceased resided)





301A  
N. B. WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information furnished must be true and correct. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.  
100m 11 '16 No. 9080 F

1 PLACE OF DEATH  
Suffolk County  
Weymouth  
Boston  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.  
Registered No. 144

No. 264 River Road

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bessie Berger  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 33 Grove St.  
(Usual place of abode)

St. Ward, Boston, Mass.  
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female  
4 COLOR OR RACE White  
5 SINGLE MARRIED WIDOWED or DIVORCED widowed  
(write the word)

18 DATE OF DEATH August 1 1938  
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Solomon Berger  
(Husband's name in full)

19 I HEREBY CERTIFY That I attended deceased from July 25/38 to August 1, 1938  
I last saw her alive on July 31, 1938, death is said to have occurred on the date stated above, at 5:21 a.m.

6 IF STILLBORN, enter that fact here.  
7 AGE 81 Years Months Days If less than 1 day Hours Minutes

The principal cause of death and related causes of importance in order of onset were as follows:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10 Date deceased last worked at this occupation (month and year)  
11 Total time (years) spent in this occupation

Cerebral Hemorrhage 7/25/38  
Date of Onset IMPORTANT

12 BIRTHPLACE (City) (State or country) Russia

Contributory causes of importance not related to principal cause:  
Arteriosclerosis 1936  
Senility 1938

13 NAME OF FATHER Jacob Seltzer

Name of operation none Date of What test confirmed diagnosis Gynecology Was there an autopsy? No

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

20 Was disease or Injury in any way related to occupation of deceased? If so, specify Jacob Abrams M.D. (Signed) 562 Stanley St. Date Aug 1, 1938 (Address)

15 MAIDEN NAME OF MOTHER Gertrude Kirschick

21 David Victor Chouin, W. Rot. Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL August 1, 1938

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

22 NAME OF UNDERTAKER Benjamin F. Solomon ADDRESS Brookline

17 Informant (Address) Jacob Berger (son) 33 Grove St., Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Wm. L. Childress  
(Signature of Agent of Board of Health or other)  
Health Officer 8/1/38  
(Official Designation) (Date of Issue of Permit)

Received and filed AUG 1 1938 19  
(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various persons can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of illness. If the deceased had retired from occupation prior to illness. If the deceased had retired from business or occupation the occupation prior to retirement. Children not necessarily employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPRINGER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, assthemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important condition of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second or third position. The principal cause in the above example happens to be the second cause given.

A physician, or other person whom he has attended during his last illness at the request of an undertaker or other authorized persons, at the request of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent above said or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one cemetery to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above said, and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town removal, which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any way in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died in the place where the deceased died his name and residence, if known; otherwise the description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE

The fulfillment of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.





The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **145**

1 PLACE OF DEATH Wendham (County) Wendham (City or Town)  
No. Wendham Community Ho'st. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)  
2 FULL NAME Catherine Cowen  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 24 River Road St. Wendham Ward, Wendham  
(Usual place of abode) (If nonresident, give city or town and state)  
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) widowed  
MARRIED  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of Mathias Cowen (Give maiden name of wife in full)  
(or) WIFE of Mathias Cowen (Husband's name in full)

6 IF STILLBORN, enter that fact here.  
7 AGE 83 Years Months Days If less than 1 day  
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
10 Date deceased last worked at this occupation (month and year) Jan 1934 11 Total time (years) spent in this occupation 45 yrs

12 BIRTHPLACE (City) Wendham (State or country) N.H.

13 NAME OF FATHER Frank DeLaney

14 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)

15 MAIDEN NAME OF MOTHER Erlette LeBlanc

16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

17 Informant George Cowen (son) (Address) 24 River Road Wendham

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Wm. S. Childers (Signature of Agent of Board of Health or other)  
Health Officer (Official Designation) 8/8/38 (Date of Issue of Permit)

18 DATE OF DEATH August 5 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from October 19 1934 to August 5 1938  
I last saw her alive on August 9 1938, death is said to have occurred on the date stated above, at 3.9 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Cormary Thrombosis Aug 1/1938

Contributory causes of importance not related to principal cause:  
diabetes mellitus 1936

Name of operation Amputation of leg April 1937 Date of operation  
What test confirmed diagnosis diabetes mellitus Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify jaundice (Signed) Jaundice M. D. (Address) 362 Shirley St Date Aug 5/38

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincent Cemetery (Cemetery) Wendham (City or town)

DATE OF BURIAL Aug 8 19 38

22 NAME OF UNDERTAKER Maurice Kirby

ADDRESS 178 Bennington St Cat River

Received and filed Aug 5 19 38

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or at *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

the trade, profession, or particular kind of work done.

9. The industry or business in which the work was done.

7. The month and year the deceased last worked at the occupation.

10. The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief mechanical engineer*, *mining engineer*, *stationary engineer*, *etc.* Avoid the term "laborer" when a more precise term for the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *plumber*, *machinist*, etc. Distinguish carefully between *real mechanics* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the *modus moriens*, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, aschemia, etc. As principal cause name the disease or condition causing death. As related causes, name earlier morbid conditions if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance, related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<b>The principal cause of death and related causes of importance in order of onset were as follows:</b>	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes of importance not related to principal cause:</b>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**RETRIBUTION OF CERTAIN DECEASED**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of the undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a brief and certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease or diseases which he died, defined as required by section one, and the duration of his last illness, when last seen by the physician or officer and the date of his death.....

*Public Health Act, 1902, Sec. 9.*

alive by the physician.

*Gen. Laws, Chap. 46, Sec. 9.*  
No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate of a competent person, if there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purposes, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, or of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death cannot be obtained early enough for the purpose, the certificate of death made has above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the nature of a writ for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, which it has been engaged, its agent, upon receipt of such statement and certificate, shall forthwith concur in it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall, whether given and the physician certifying the cause of death shall, whether furnished for registration and any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

# RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only those of persons to whom they have given bedside care during a last illness unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only if illness from disease unrelated to war or military service is the cause, as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **caused** **reasonably** **due** **to** **injury**. These include not only deaths caused directly or indirectly by trauma (falls or poisons), thermal, or electrical, and by the action of chemical (drugs or poisons), but also deaths from disease agents, and deaths due to injury or infection related to occupation, the resulting death of persons not disabled by recognized disease, sudden deaths of persons found dead.

AND THOSE OF PAPER.



PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

## CERTIFICATE OF DEATH

Registered No. 146

No. Winthrop Community Hospital St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (If U. S. War Veteran specify WAR)

2 FULL NAME Baby Pauline (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 11 Evans Place St. Ward. (Usual place of abode) Wakefield Mass. (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX ✓ 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 10 Date deceased last worked at this occupation (month and year) ✓ 11 Total time (years) spent in this occupation ✓

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

13 NAME OF FATHER Carl Pauline

14 BIRTHPLACE OF FATHER (City) Malden (State or country) Mass.

15 MAIDEN NAME OF MOTHER Georgia Carter

16 BIRTHPLACE OF MOTHER (City) Middleboro, (State or country) Mass.

17 Informant Carl Pauline, Father (Address) 11 Evans Pl. Wakefield Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress, Jr. (Signature of Agent of Board of Health or other Health Officer) 8/8/38 (Date of Issue of Permit)

18 DATE OF DEATH August 5 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19....., 19.....

I last saw h..... alive on....., 19....., death is said

to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance in order of onset were as follows:

Stillborn (macerated) (about 6-7 mo.) Letter delivered at 7:55 P.M. sex undetermined Contributory causes of importance not related to principal cause:

Name of operation.....Date of..... What test confirmed diagnosis?.....Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Arthur C. Minnow (Signed) M. D.

(Address) Winthrop, Mass. Date 8/6/1938

21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug 8 1938

22 NAME OF UNDERTAKER C. R. Binnison

ADDRESS Winthrop Mass.

Received and filed Aug. 25, 1938

A TRUE COPY ATTEST

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write "housework in and about own home" in answer to question 9. In case of a person engaged in domestic service for wages as a housekeeper, designate the occupation by the appropriate terms as HOUSEKEEPER, PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation to be given. Do not use the word "mechanic," but give the exact occupation, as CAPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a clerk.

**Statement of Cause of Death.**—Cause of death means the disease, or complication in which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Under the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration and the illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, Sec. 9

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town from one cemetery to another, or from one grave or tomb of a town to the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried, delivered to such board, agent issued until there shall have been satisfactory written statement confirmed or clerk, as the case may be, a law to be returned and recorded, taining the facts required by section one of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficiently given by it or by the selectmen for the purpose, or if employed to make the certificate required of the attending physician, if death is caused by violence, the medical examining physician, shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided for and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided that such removal shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained hereunder. If the removal of such body has been solemnly sworn to in the usual form for the removal of a deceased person served in the army, navy or marine corps of the United States in any war in which it has been engaged, such removal shall appear upon receipt of such statement and certificate, shall forthwith constitute a permit for the removal of the body, and the physician certifying the cause of death shall thereafter furnish to the clerk of the town where the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as they are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, Sec. 6

No undertaker or other person shall bury a human body on the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, delivered to such board, agent issued until there shall have been satisfactory written statement confirmed or clerk, as the case may be, a law to be returned and recorded, taining the facts required by section one of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficiently given by it or by the selectmen for the purpose, or if employed to make the certificate required of the attending physician, if death is caused by violence, the medical examining physician, shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided for and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided that such removal shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained hereunder. If the removal of such body has been solemnly sworn to in the usual form for the removal of a deceased person served in the army, navy or marine corps of the United States in any war in which it has been engaged, such removal shall appear upon receipt of such statement and certificate, shall forthwith constitute a permit for the removal of the body, and the physician certifying the cause of death shall thereafter furnish to the clerk of the town where the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the acceptance of death is needed.

- (3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



in plain terms, so that it may be properly classified. Date of issue and expiration of certificate. See instructions and extracts from the laws on back of certificate.

100m 11 '36 No. 9080 F

PLACE OF DEATH

*Suffolk*  
(County)  
*Waltham*  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. *147*

No. *60 Fawn Brook Ave* St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)  
2 FULL NAME *Nicholas Kelly* { (If U.S. War Veteran specify W.A.R.)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. *36 Cypress* St. Ward *Brookline*  
(Usual place of abode) (If nonresident, give city or town and state)  
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED *Widowed* (write the word)  
6a If married, widowed, or divorced HUSBAND of *Mary E. Guelin* (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)  
6 IF STILLBORN, enter that fact here.  
7 AGE *88* Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Brooklyn Prisoner*  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*  
10 Date deceased last worked at this occupation (month and year) *Sept 1933* 11 Total time (years) spent in this occupation *30*

12 BIRTHPLACE (City) *Ireland* (State or country)

13 NAME OF FATHER *John Kelly*

14 BIRTHPLACE OF FATHER (City) *Ireland* (State or country)

15 MAIDEN NAME OF MOTHER *Mary Keal*

16 BIRTHPLACE OF MOTHER (City) *Ireland* (State or country)

17 Informant *Joseph Kelly* Relation, if any *(S. M. Keal)*  
(Address) *34 Cypress Brookline Mass*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
*Wm. S. Childress*  
(Signature of Agent of Board of Health or other)  
*Health Officer* (Official Designation) *8/6/38* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Aug 6 1938*  
(Month) (Day) (Year)  
19 I HEREBY CERTIFY That I attended deceased from *Feb 4 1938* to *Aug 6 1938*  
I last saw him alive on *Aug 1 1938*, death is said to have occurred on the date stated above, at *1240 noon*.  
The principal cause of death and related causes of importance in order of onset were as follows:

*Cancer, rectum* Date of Onset *1938*  
IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation *none* Date of  
What test confirmed diagnosis? *none* Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify *Philad Smith* (Signed) M. D.  
(Address) *466 Commonwealth St Boston* Date *8-6-1938*

21 *Holy Wood* *Brookline Mass*  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL *Aug 9 1938*

22 NAME OF UNDERTAKER *John M. Lacy*  
ADDRESS *274 Ward St Brookline Mass*  
*Aug. 25, 1938*

Received and filed *Aug. 25, 1938*  
(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home housework in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the words "mechanic" but give the exact occupation, as CARPENTER, WHEELWRIGHT, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related cause name any important conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with, after the death of a person an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sup- posed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be based until there shall have been delivered to such board, agent based clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in the case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided for the purpose, the certificate of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has, been secured, obtained hereunder. If the death certificate contains a social, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town, or the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. GEN. LAWS, CHAP. 38, SEC. 6.  
He shall in all cases certify to the town clerk or registrar in writing the place where the deceased died, his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom have been given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance to any person whose physician is absent from home when the attendance of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposed to be due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 148

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



No. 31-Wave Way Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Harry Goldberg  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 31 Wave Way Ave Ward, Winthrop  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married  
(write the word)

6a If married, widowed, or divorced HUSBAND of Anna Wolschke  
(Give maiden name of wife in full)

(or) WIFE of Anna Wolschke  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. For himself  
10 Date deceased last worked at this occupation (month and year) 1938 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Russia  
(State or country)

13 NAME OF FATHER Morris Goldberg

14 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

15 MAIDEN NAME OF MOTHER Edith - Pennell

16 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)

17 Informant Israel Goldberg Relation, if any Brother  
(Address) 237 W. 1st St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress  
(Signature of Agent of Board of Health or other Health Officer) 8/7/38  
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH Aug 7 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from August, 1938, to 8/7/38, 1938.  
I last saw him alive on 8/7/38, death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary thrombosis 1936

Contributory causes of importance not related to principal cause:

Name of operation None Date of 8/7/38  
What test confirmed diagnosis? Go Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify:

(Signed) Charles Liberman, M. D.  
(Address) 26 Wave Way Ave Date 8/7/38

21 Winthrop Cem. Evergreen  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL 8/7/38

22 NAME OF UNDERTAKER Wm. S. Childress  
ADDRESS 10 Wash St. Apt. 1

Received and filed Aug. 25, 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children for gainfully employed only may be returned as AT SCHOOL, or AT HOME. For a woman whose answer to Question 8 and own HOME in answer to a question, designate the occupation by the appropriate terms, as HOUSEWORK, PRIVATE FAMILY, COOK—HOTEL, ETC. For a person who had no occupation whatever write NONE.<sup>18</sup>

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, ETC. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or combination which causes death, nor the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause, name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i> .....	1915
<i>Chronic interstitial nephritis</i> .....	1921
<i>Cerebral hemorrhage</i> .....	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with, after the death of a person whom he has attended, authorized last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician, the physician's date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts accompanied by law to be returned and recorded, which shall be a certificate of the attending physician, if any, as a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If a certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, application make the certificate required for the purpose, shall apply. If death is caused by violence, the medical examiner shall issue such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker destined to make that removal shall constitute a permit for such removal, provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps, such recital shall appear in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate of health, forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried. In the funeral is to be held, or from a person appointed to have in the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septal, cranial), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, and deaths from disease resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS

To be filed for burial permit  
 with Board of Health  
 or its Agent.

PLACE OF DEATH

Suffolk  
 (County)  
 Winthrop.  
 (City or Town)



STANDARD  
 CERTIFICATE OF DEATH

Registered No. 149

No. 18 Pleasant PK Road St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas Henry.  
 (If deceased was married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
 War Veteran  
 specify WAR)

(a) Residence. No. 18 Pleasant PK Road St., Ward,  
 (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male  
 4 COLOR OR RACE White  
 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

6a If married, widowed, or divorced HUSBAND of Bridget Gurniff.  
 (Give maiden name of wife in full)  
 (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 78 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman  
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ley Con. Co.  
 10 Date deceased last worked at this occupation (month and year) 1930  
 11 Total time (years) spent in this occupation 46

12 BIRTHPLACE (City) Ireland  
 (State or country)

13 NAME OF FATHER John Henry

14 BIRTHPLACE OF FATHER (City) Ireland  
 (State or country)

15 MAIDEN NAME OF MOTHER Mary Kane

16 BIRTHPLACE OF MOTHER (City) Ireland  
 (State or country)

17 Informant Mrs. Mary Sloan (DAUGHTER)  
 (Address) 18 Pleasant PK Rd Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Chidley  
 (Signature of Agent of Board of Health or other Agent)  
 Aug. 8/38  
 (Date of issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 7 1938  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 35 to Aug 5 1938  
 I last saw him alive on Aug 5 1938; death is said to have occurred on the date stated above, at 11.14 a.m.  
 The principal cause of death and related causes of importance in order of onset were as follows:

myocarditis 1935  
 coronary thrombosis 1938

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify Fred Cohen M. D.  
 (Signed) 105 Marlboro St. Date Aug 8 1938  
 (Address)

21 Mount Calvary Boston.  
 Place of Burial, Cremation or Removal (City or Town)  
 DATE OF BURIAL 8-9-38 1938

22 NAME OF UNDERTAKER William A. Treague  
 ADDRESS 59 Anatoga St E. Boston.

Received and filed Aug. 25, 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not a woman whose only occupation was that of home housework, write to housework. In answer to Question 8 and own home, in answers to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, as the heart failure, asphyxia, asthemia, etc. As principal cause name the disease causing death. As related causes, name other important conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician at the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnished for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sex, his age, the disease of which he died, the duration of his last illness, when last seen alive by the physician or other and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person may remove a human body and remove it from a town, from one cemetery to another, or from one grave or tomb of one cemetery to another, or from the same cemetery, until he has received a permit from the board of health or its agent appointed to issue such permits of the town where the body is buried, aforesaid or from the clerk of the town where the body is buried, aforesaid. No such permit shall be issued until there shall have been a satisfactory written statement confirmed by law, or in lieu thereof a certificate as hereinafter provided, which shall be accompanied by a case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, by it or by the selectmen for the purpose, of health, or employment, by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another, within the commonwealth cannot be obtained early enough for the purpose, the certificate of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained in the usual form for the removal of such body, has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the person certifying the cause of death shall thereafter furnish as to the any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . Gen. Laws, Chap. 38, Sec. 6

He shall in all cases certify that his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons from whom they have given bedside care during a last illness, disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **unavoidable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation** and the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**



PHYSICIANS should state CAUSE OF DEATH EXACTLY. See instructions and extracts from the laws on back of certificate.

01A

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 24 Cora St.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 150

2 FULL NAME James Henry Cunning

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No. 24 Cora St

(Usual place of abode)

St. Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Mary Gorman (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Samuel Cunning

14 BIRTHPLACE OF FATHER (City) New Brunswick (State or country)

15 MAIDEN NAME OF MOTHER Ross McGowan

16 BIRTHPLACE OF MOTHER (City) Boston (State or country)

17 Informant (Address) Mary E. Cunning (Address) 24 Cora St. Relation, if any (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH August 14 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from January 1, 1937, to August 13, 1938. I last saw him alive on August 13, 1938, death is said to have occurred on the date stated above, at 4:30 p.m. The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

IMPORTANT

Myocarditis 1936

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Edward J. Gorman, M.D. (Address) 200 Washington St. Date Aug 15 1938

21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Aug 16 1938 19

22 NAME OF UNDERTAKER John F. O'Malley ADDRESS Winthrop

Received and filed AUG 25 1938 19

(Registrar)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



To be filed for burial permit  
with Board of Health  
or its Agent.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every suit case that has been known to have been carried by the person aged 10 years or over. If the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed, may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

To be complete, an occupation return must contain the following information:

8.—The trade, profession, or particular kind of work done.

9.—The industry or occupation of the deceased last worked at the time of death.

11.—The number of years the deceased followed the occupation, in stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE, SOAP FACTORY, COTTON MILL,** etc.

Distinguish, carefully, the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STRUCTURAL ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PLUMBER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication, or other factor, which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease, or condition, causing death. As related causes, name each other important condition, if any, related to the principal cause and other important conditions, if any, related to the principal cause. Under secondary causes of complication of the principal cause. Under other important causes of importance not related to principal cause, name other important diseases.

### Example

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes</i> of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such accidents as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify deaths caused **supposably due to injury**. These include, not only deaths caused directly or indirectly by trauma (including crushing, cutting, scalding, etc.), but also deaths caused by the action of chemical (drugs, poisons), thermal, electrical agents, and deaths following abortion but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



PLACE OF DEATH

*Suffolk*  
(County)  
*Winthrop*  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filled for burial permit  
with Board of Health  
or its Agent.

Registered No. **151**

No. *263* *Main* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Daniel M Brock* (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War (Veteran specify WAR)

(a) Residence. No. *263 Main St.* St., Ward. (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED *Single* (write the word)

18 DATE OF DEATH *August 18* 19*38*  
(Month) (Day) (Year)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from *August 13* 19*38*... to *August 18* 19*38*...

(or) WIFE of (Husband's name in full)

I last saw h. *live* on *August 16* 19*38*... death is said to have occurred on the date stated above, at *4:40pm*.

6 IF STILLBORN, enter that fact here.

The principal cause of death and related causes of importance in order of onset were as follows:

7 AGE *25* Years Months Days If less than 1 day Hours Minutes

Date of Onset **IMPORTANT**

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10 Date deceased last worked at this occupation (month and year)  
11 Total time (years) spent in this occupation.

*Congenital hydrocephalus* 1910  
*Status epilepticus* 2/12/38  
*tires*  
Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City) *East Boston* (State or country) *Mass*

Name of operation *none* Date of  
What test confirmed diagnosis? Was there an autopsy? *no*

13 NAME OF FATHER *Oliver J Brock*

14 BIRTHPLACE OF FATHER (City) *Northbury* (State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Mary Doyle*

16 BIRTHPLACE OF MOTHER (City) *Scotland* (State or country)

17 Informant (Address) *Mary J Brock (Mother)* Relation, if any

20 Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify

(Signed) *Arthur E. Manning*, M. D. (Address) *Winthrop, Mass* Date *8/19* 19*38*

21 *Holy Cross* *Walden*  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Aug 17* 19*38*

22 NAME OF UNDERTAKER *Libby Bros*

ADDRESS *175 Huntington St, Boston*

Received and filed *AUG 25 1938* 19

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Wm. S. Childers*  
(Signature of Agent of Board of Health or other)  
Health Officer (Date of Issue of Permit) *8/20/38*





The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



WORCESTER  
(County)

ROUTLAND  
(City or town making return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 130

PLACE OF DEATH

RUTLAND

(City or Town)

No. Rutland State Sanatorium St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Francis Ezekiel (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)

152

(a) Residence. No. 40 Bates Ave. St., Ward, Winthrop, Mass. (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 6 mos. 25 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced Elizabeth A. Costigan HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 60 Years 9 Months 8 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vault attendant

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Newfoundland

13 NAME OF FATHER Samuel Ezekiel

14 BIRTHPLACE OF FATHER (City) (State or country) Newfoundland

15 MAIDEN NAME OF MOTHER Ann Woodford

16 BIRTHPLACE OF MOTHER (City) (State or country) Newfoundland

17 Informant Rutland State San. Records (Address)

A TRUE COPY.

ATTEST: Frances P. Hanff (Registrar of city or town where death occurred)

DATE FILED August 20, 1938

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 20, 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 25, 1938 to August 20, 1938

I last saw him alive on August 20, 1938, death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary tuberculosis 1919

Contributory causes of importance not related to principal cause:

Name of operation None Date of

What test confirmed diagnosis? Sputum & X-ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Henry J. Lorge (Signed) M. D. (Address) Rutland State San. Date 8/20, 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop, Mass. (Cemetery) (City or town)

DATE OF BURIAL August 23, 1938 19

22 NAME OF UNDERTAKER John P. O'Maley ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)



SEP-8 1938 AM



101A  
in plain terms, so that it may be properly classified. Date, Cause, and Place of Death. See instructions and extracts from the laws on back of certificate.  
100m 11-36, No. 9080 F

PLACE OF DEATH

Suffolk  
(County)  
Wentbury  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 153

1 No. Wentbury Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Male) Cohen { (If U. S. War Veteran specify WAR)

(a) Residence. No. 25 Lawrence Ave. Revere, Mass. Ward, { (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male  
4 COLOR OR RACE White  
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)  
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)  
6 IF STILLBORN, enter that fact here.  
7 AGE Years Months Days If less than 1 day 7 Hours 25 Minutes  
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10 Date deceased last worked at this occupation (month and year)  
11 Total time (years) spent in this occupation  
12 BIRTHPLACE (City) Wentbury, Massachusetts (State or country)

18 DATE OF DEATH Aug. 21, 1938 (Month) (Day) (Year)  
19 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1938, to Aug. 21, 1938.  
I last saw him alive on Aug. 20, 1938, death is said to have occurred on the date stated above, at 8:15 a.m.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Premature  
Contributory causes of importance not related to principal cause:  
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

13 NAME OF FATHER Hyman Cohen  
14 BIRTHPLACE OF FATHER (City) Russia (State or country)  
15 MAIDEN NAME OF MOTHER Miriam Levine  
16 BIRTHPLACE OF MOTHER (City) Canada (State or country)

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Louis Siegel, M. D. (Address) 72 Shirley Ave. Date 8/21, 1938

17 Informant Andrew Corneha (none) (Address) Wentbury Community Hospital  
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 8/21/38

21 Place of Burial, Cremation or Removal (City or Town) Mount Auburn  
DATE OF BURIAL Aug. 21, 1938  
22 NAME OF UNDERTAKER Israel Einstein  
ADDRESS 32 Wenonah St. Rox. Mas.  
Received and filed AUG 25 1938 (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write to HOUSEWOMAN in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATISTICAL ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying. E. G., heart failure, asphyxia, asthma, etc. As principal cause, name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes of importance not related to principal cause:</b>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with, after the death of a person whom he has attended during and last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, denoted as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, from one cemetery to another in the same cemetery, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate in case of an original interment, by a satisfactory certificate, or in lieu thereof a certificate as hereinafter provided. If there is an attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths, only as those of persons who, though disabled by recognized recent medical attendance to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including recent burns, scalds, electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury, or infection related to occupation**, and the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.



1. B. — WRITE IN PLAIN INK, WITH OMISSION OF UNNECESSARY WORDS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-35. No. 6156F

PLACE OF DEATH

*Suffolk*  
(County)  
*Winthrop*  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 154

1 No. *Winthrop Community Hosp.* St. *231* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Katherine M. McMahon* { (If U. S. War Veteran specify WAR)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *96 Wordsworth* St. *231* Ward  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word)  
*MARRIED*  
*WIDOWED*  
or *DIVORCED* *Single*

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *75* Years Months Days If less than 1 day  
Hours Minutes

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. *Housekeeper*

9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc. *At Home.*

10 Date deceased last worked at  
this occupation (month and  
year) *8-38.* 11 Total time (years)  
spent in this occupation *50.*

12 BIRTHPLACE (City)  
(State or country) *East Boston, Mass.*

13 NAME OF FATHER *Martin McMahon*

14 BIRTHPLACE OF FATHER (City)  
(State or country) *Ireland*

15 MAIDEN NAME OF MOTHER *Margaret McMahon*

16 BIRTHPLACE OF MOTHER (City)  
(State or country) *Ireland*

17 Informant (Address) *Annie L. McMahon* Relation, if any  
*96 Wordsworth St. E. Boston.* *SISTER*

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:  
*Wm. D. Childress*  
(Signature of Agent of Board of Health)

Health Officer *8/23/38*  
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *August 21 - 1938*  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
*August 13, 1938, to August 21, 1938*  
I last saw her alive on *August 21, 1938*; death is said  
to have occurred on the date stated above, at *4 P. M.*

The principal cause of death and related causes of importance in order of onset  
were as follows:

*Cerebral Haemorrhage* Date of Onset  
*Aug 18, 1938* IMPORTANT

Contributory causes of importance not related to principal cause:  
*arterio Sclerosis* *1936*

Name of operation *none* Date of *none*  
What test confirmed diagnosis? *Paralysis* Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *Stroke*  
(Signed) *Wm. D. Childress* M. D.  
(Address) *726 Saratoga St.* Date *Aug 22, 1938*

21 *Holy Cross* *Malden*  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Aug 24* 19 *38*

22 NAME OF UNDERTAKER *William A. Treanor*  
ADDRESS *559 Saratoga St. E. Boston*

Received and filed *Aug 23 1938* 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had, report it as up or changed on account of the disease causing death, report it as occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not actually employed may be returned as at school or at home. Write carefully employed, if only occupation was that of home housework, a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever, write none.

To be complete, an occupation return must state:

the trade, profession, or particular kind of work done.

8.—The tract, premises, or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation:

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE**, **SOAP FACTORY**, **COTTON MILL**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, FENCIBLE, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication thereof, nearest death, *not* the mode of dying, *e. g.*, or heart failure, myxema, asthma, etc. As principal cause name the disease, *e. g.*, pneumonia, and as related causes, name other morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes</i> of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician** who, at the request of an undertaker or other authorized person or of any member of the family of the decedent, furnishes for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. **— other person** shall bury or otherwise dispose of the body of a deceased person in accordance with the provisions of Gen. Laws, Chap. 46, Sec. 9.

of his death. . . . GEN. LAWS, CHAP. 70, SECTION 27.

**No undertaker** of a town, or remove therefrom a human body of a human body in a town, until he has received a permit from the board of health or its agent appointed to issue such permits, which has not been buried under the care of the town where the body of the deceased person lies, or if there is no such board, from the clerk of the town where the person died; and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until the case may be a satisfactory written statement, or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or if he is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another, within the commonwealth cannot be obtained early enough for the purpose, the certificate of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained herefrom. If the death certificate contains a receipt as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such receipt shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countermand the removal, and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration all other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . —Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . —CHAP. 114, Sec. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized medical unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized diseases unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Mical Examiners** will investigate and certify to all causes **possibly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septal, bone, and internal organ damage), but also deaths from chemical, (drugs or poisons), thermal, electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupational accidents, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34. No. 2938-f

Pasadena Calif

Notified 9/19/38  
The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

155

Registered No. ....

1 PLACE OF DEATH  
Suffolk (County)  
Winthrop (City or Town)  
No. 25 George St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian Florence (Higgins) Peakins  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 1109 North Lake Ave. St. Pasadena, California  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 15 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Wilbur C. Peakins (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years 7 Months 29 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home  
10 Date deceased last worked at this occupation (month and year) April 1937 11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Wellfleet (State or country) Massachusetts

13 NAME OF FATHER Clement Higgins

14 BIRTHPLACE OF FATHER (City) Wellfleet (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Dorcas Collins

16 BIRTHPLACE OF MOTHER (City) Truro (State or country) Massachusetts

17 Informant Hazel L. Clark (Address) 25 George St. Winthrop Mass Relation, if any (daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other) Health Officer (Official Designation) (Date of Issue of Permit) 5/35/38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 8/23/38 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from 8/11, 1938, to 8/22/38, 1938.

I last saw her alive on 8/22/38, 1938, death is said to have occurred on the date stated above, at 11/5 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Angina Pectoris

Date of Onset 8/20

Contributory causes of importance not related to principal cause:

Hypertension

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? 21

If so, specify (Signed) H. S. G. M. P. (Address) 25 George St. Date 8/23/38

21 PLACE OF BURIAL, CREMATION OR REMOVAL Wellfleet Wellfleet Mas (Cemetery) (City or town)

DATE OF BURIAL August 26 1938

22 NAME OF UNDERTAKER Charles R. Bennison ADDRESS Winthrop Mass

Received and filed AUG 25 1938 19

(Registrar)





tion should be carefully supplied. Age should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 '36 No. 9080 F

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

PLACE OF DEATH

Suffolk County  
City or Town  
No. 42 Pearl St.STANDARD  
CERTIFICATE OF DEATH

Registered No. 156

## 2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Jennie Goldberg

Ward (If death occurred in a hospital or institution,  
give its NAME instead of street and number)(If U. S.  
War Veteran  
specify WAR)

## (a) Residence. No.

(Usual place of abode)

42 Pearl St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

## 3 SEX

## 4 COLOR OR RACE

5 SINGLE  
MARRIED  
WIDOWED  
or DIVORCED

(write the word)

## 6a If married, widowed, or divorced

## HUSBAND of

(Give maiden name of wife in full)

## (or) WIFE of

(Husband's name in full)

## 6 IF STILLBORN, enter that fact here.

## 7

## AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

## OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10 Date deceased last worked at  
this occupation (month and  
year)11 Total time (years)  
spent in this  
occupation18 DATE OF  
DEATHAug. 24, 1938  
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from  
Aug. 1, 1936, to Aug. 24, 1938.I last saw him alive on Aug. 24, 1938, death is said  
to have occurred on the date stated above, at 10:15 m.The principal cause of death and related causes of importance in order of onset  
were as follows:Acute Pulmonary Edema  
Thyro-Cardiac  
Auricular fibrillation  
Date of Onset  
IMPORTANT  
1938

Contributory causes of importance not related to principal cause:

Name of operation none Date of none  
What test confirmed diagnosis? none Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles F. Fieberman, M. D.  
(Address) 360 West 11th St. New York, N. Y.21 Ind. Code of 1930 on Woburn  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug. 25, 1938

22 NAME OF UNDERTAKER

ADDRESS 198 W. 11th St. New York, N. Y.

Received and filed AUG 29 1938

(Registrar)

17 Informant  
(Address)Charlotte Goldberg Daughter  
42 Pearl St. New York, N. Y.I HEREBY CERTIFY that a satisfactory standard certificate of death was  
furnished me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given prior to death, report the occupation. If the deceased had been changed on account of illness, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For women whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as STRIKER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication with causes death, not the mode of dying, e. g., heart failure, asphyxia, asphena, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1921
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

has illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for town to another of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker, provided, that removal shall constitute a permit for such removal, unless a permit moved within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit and the board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, necessary to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the bodies of only such persons as are supposed to have died by violence. —(GEN. LAWS, CHAP. 38, SEC. 6.)

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . —CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



PLACE OF DEATH

*Suffolk*  
County  
*Winthrop*  
(City or Town)  
No. *Winthrop Community*



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

157

## STANDARD

## CERTIFICATE OF DEATH

Registered No. ....

2 FULL NAME

(Male) *Propulo*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. *11 Sea View Ave* *Cranton* St., Ward,  
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED *Single* (write the word)

5a If married, widowed, or divorced

HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here. *Stillborn*

7 AGE.....Years.....Months.....Days If less than 1 day .....Hours.....Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) *Winthrop*  
(State or country) *Mass*

13 NAME OF FATHER *Rocco Propulo*

14 BIRTHPLACE OF FATHER (City) *Boston*  
(State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Catherine Fitzpatrick*

16 BIRTHPLACE OF MOTHER (City) *Boston*  
(State or country) *Mass*

17 Informal (Address) *Rocco Propulo* Relation, if any *(Father)*  
*11 Sea View Ave Cranton*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Wm. S. Childress*  
(Signature of Agent of Board of Health or other)

*Health Officer* (Official Designation) *8/25/38* (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Aug 25 26 1938*  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19....., death is said

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of Importance in order of onset were as follows:

*Stillborn*

Contributory causes of Importance not related to principal cause:

*Stillborn*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

20 Was disease or Injury in any way related to occupation of deceased? .....

If so, specify.....  
(Signed) *S. S. Chaffin* M. D.  
(Address) *1903...* Date *Aug 25 1938*

21 Place of Burial, Cremation or Removal. (City or Town) *St Michaels Boston*

DATE OF BURIAL *Aug 25* 19 *38*

22 NAME OF UNDERTAKER *P. C. Kirk*  
ADDRESS *Cranton*

Received and filed..... 19.....

A TRUE COPY ATTEST

(Registrar)

AUG 29 1938

**Statement of occupation.**—The statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write to housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, as however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

11.—The number of years the deceased followed the occupation of "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

[illegible]

	Date of Onset
<b>The principal cause of death</b> and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes</b> of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either the first, second, or third position. The principal cause in the above example happens to be the second cause given.

last illness at the request of an undertaker, to or for the use of any person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his surname, his age, the disease of which he died, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

**No Undertaker or other person shall** remove a human body from a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be certificate of the attending physician, if any, as required by law, or, in lieu thereof a certificate as hereinafter provided. If the certificate cannot be obtained early enough for the purpose, his certificate may be obtained early enough for the purpose, or, if insufficient for the purpose, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, or, if insufficient, the medical examiner, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another, or from the commonwealth cannot be obtained early enough for the purpose, the certificate of the undertaker required by law, and in the possession of the undertaker for such removal; provided, that a removal shall constitute a permit for such removal; and if such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States, in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith issue a permit, and transmit it to the clerk of the town, for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish to the clerk, notifying the cause of death, any necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*CHAP. 114, Sec. 45.* (Text of *STANDARD EDITION*.)

**Medical examiners** shall make examination of the dead bodies of only such persons as are supposed to have died by violence. . . . Gen. Laws, Chap. 38, Sec. 6.

....He shall in all cases certify to the town clerk or registrar the place where the deceased died his name and residence, known, otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to each admission of persons to whom they have given bedside care during a 14-day period that the admission was not due to an illness or disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease, died without recent medical aid.

- unrelated to any form of injury, have died without recent medical attention or whose physician is absent from home when the need for death is needed

(3) **Medical Examiners** will investigate and certify to all deaths that are **unusually or suspiciously due to injury**. These include, not only deaths caused by

directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, and electric agents, and by the following abortion, but also dea-

from disease resulting from injury or infection related to occupational or electrical agents, and deaths following a heart attack or stroke, or the sudden deaths of persons not disabled by recognized disease, and

those of persons found dead.



tion should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

50m-12-35. No. 6156G

PLACE OF DEATH

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

158

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No.

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

How long in U.S., if of foreign birth?

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE  
MARRIED  
WIDOWED  
or DIVORCED

(write the word)

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

If less than 1 day

Hours

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Laceration of Neck -  
with cleaning  
penetrations.

(See reverse side for description for unknown person)

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,  
Suicide or  
Homicide?

Date of injury

Where did injury occur?

Manner of injury

Nature of injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Date

22 Place of Burial, Cremation or Removal (City or town)

DATE OF BURIAL

23 NAME OF UNDERTAKER

ADDRESS

Received and filed

19

(Registrar)

**EXTRACTS**  
**FROM THE LAWS OF THE**  
**COMMONWEALTH OF MASSACHUSETTS**

**GOVERNING THE**  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L., AS AMENDED.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health

or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. AS AMENDED.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —GENERAL LAWS, CHAP. 38, SEC. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GENERAL LAWS, CHAP. 38, SEC. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

**STATEMENT OF CAUSE OF DEATH**

Medical Examiners in certifying to a death will state the cause and MANNER thereof, and will specify: (1) Under CAUSE, the nature of an injury and of its consequences; and (2) under MANNER, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to DISEASE, specify: (1) Under CAUSE, its known or presumable nature; and (2) under MANNER, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person).....**

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**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

**THIS CERTIFICATE CONSTITUTES SUCH PERMIT**



Information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-34, No. 2938-f

1 PLACE OF DEATH

Suffolk  
County  
Wenlock  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

159

Registered No. ....

No. .... Community Hospital St. .... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bob Roger Sullivan  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 106 Washington Ave St. .... Ward, .....

(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 7 Years. X Months. .... Days If less than 1 day 2 Hours. X Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. .... 10 Date deceased last worked at this occupation (month and year) .... 11 Total time (years) spent in this occupation. ....

12 BIRTHPLACE (City) Wenlock (State or country) Mass

13 NAME OF FATHER Arthur G. Sullivan

14 BIRTHPLACE OF FATHER (City) Covered (State or country) Mass

15 MAIDEN NAME OF MOTHER Dorothy Roberts

16 BIRTHPLACE OF MOTHER (City) Wenlock (State or country) Mass

17 Informant Arthur G. Sullivan (Address) 106 Washington Ave Wenlock Relation, if any (Father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Wm. D. Childress  
(Signature of Agent of Board of Health or other)  
Health Officer (Official Designation) 8/27/38 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH August 26 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 26, 1938, to 2 hours, 1938.  
I last saw him alive on August 26, 1938, death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance in order of onset were as follows:

Autopsy showed:  
Aspiration of contents of

Date of Onset  
(IMPORTANT)

Contributory causes of importance not related to principal cause:

Name of operation: ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify: Edward J. Franigan

(Signed) Edward J. Franigan, M. D.  
(Address) 250 Washington Ave Date Aug 27, 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Wenlock Wenlock  
(Cemetery) (City or town)

DATE OF BURIAL Aug 28 1938

22 NAME OF UNDERTAKER B. R. Sullivan  
ADDRESS Wenlock

Received and filed..... 19.....

SEP 7 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *splinter, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *chief engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer." Do not use more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenters, joiners, machinists*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid complications, if any, related to the principal cause, and more important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

W.M., above, under the request of an undertaker or other his last illness, at the request of a member of the family of the deceased, authorized person of any neighbor of the family of the deceased, furnished the register with a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, and was not constructed, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a record, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the record is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths *apparently due to injury*. These include not only deaths caused directly or indirectly by traumaticism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

160

## CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. Winthrop Community Hospital

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ma Miller (name changed by court order)

(If U. S.  
War Veteran  
specify WAR)(a) Residence. No. 10 Nevada  
(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

6a If married, widowed, or divorced HUSBAND of Etta Caplan (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store  
10 Date deceased last worked at this occupation (month and year) 1923 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Mendel Korelitz

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Leah (unknown)

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) Jennie Silverman (daughter) 22 Nevada St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Wm. S. Childress

(Official Designation) Health Officer (Date of Issue of Permit) 8/28/38

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 26, 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1935, to Aug. 26, 1938

I last saw him alive on Aug. 26, 1938, death is said to have occurred on the date stated above, at 5:10 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cardiac Decompensation 1938  
Coronary Artery Hardening 1935  
Auricular Fibrillation 1936  
Angina Pectoris 1935  
Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles Liberman, M. D. (Address) 26 State St., Boston, Mass. Aug. 26, 1938.

21 DAVID VICOR CHOLIM, West Roxbury (City or Town)

DATE OF BURIAL August 28, 1938

22 NAME OF UNDERTAKER Benjamin T. Solomon 420 HARVARD ST., BROOKLINE, MASS.

Received and filed 19

A TRUE COPY ATTEST AUG 29 1938 (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the disease causing death, report the person aged on account of the disease causing death, report the occupation prior to illness, and if the deceased had retired from occupation prior to illness, report to retirement. Children not in school, report the occupation he returned as at school, or at home. A womanly employed occupation was that of home housework, write HOUSEWORK. For a person engaged in domestic service for another person, answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for a household, designate the occupation by the appropriate terms as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatsoever, write NONE.

14. An occupation return must state:

... particular kind of work done.

8.—The trade, profession, or pursuit in which the work was done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

followed the occupation.

11.—The number of years the deceased followed the occupation named in stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE**, **SOAP FACTORY**, **COTTON MILL**, etc.

Distinguish carefully the different kinds of engineers by staining the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "engineer" alone. Do not use the word "mechanic," but give the exact "liberory." When a more precise statement of the occupation can be secured. Do not use the word "mechanic." Distinguish occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, anæsthesia, etc. As principal cause name the disease causing any related to the principal cause and any important complication of the principal cause. Under contributory important importance not related to principal cause, name other important diseases.

	Date of Onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either the first, second, or third position. The principal cause in the above example is to be the second cause given.

last illness at the request of an untraveled person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, denied as required by section one, where same was contracted, the duration of his last illness, which last seen alive by the physician or officer and the person who attended him.

Gen. Laws, Chap. 46, Sec. 9.

6

date of his death. (GEN. 23:1-12; 25:1-10; 35:19-20; 47:29-30; 49:29-33; 50:1-14) **No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or an agent appointed to issue such permits, or if there is no such undertaker or clerk of the town where the person died; and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit to do so from the board of health or its agent aforesaid or from the clerk

1.

from the board or the body is issued. No such permit shall be of the town where the body has been delivered to such board, agent issued until there shall have been a satisfactory written statement confirmed by the board, or, if the body is delivered to a board, by the board, or clerk, at the case may be, a satisfactory written statement confirming the facts required by law to be returned and recorded, which shall be affixed to the attending physician, if any, as a satisfactory certificate of the attending physician, as hereinafter provided by law, or on file thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examining physician. If such a permit for the removal shall make such certificate. If a permit for the removal of a human body not previously interred, from one town to another within the certificate of death made as above provided for the purpose of the undertaker desiring to make such a removal shall be returned to the town from which it was removed, shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other or as to the manner or cause of the death, which the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—**CHAP. 114, Sec. 45,** G. L. (Textual Edition.)

**Medical Examiners.** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—**GEN. LAWS, CHAP. 38, Sec. 6.**

**Permit to Interment.**—The clerk of the town, or the board of health, shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, or otherwise a description as full as may be, with the cause known, next of death.—**GEN. LAWS, CHAP. 38, Sec. 7.**

# RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only if illness from disease unrelated to war is the cause.

(3) **Medical Examiners.** Will investigate and certify to all deaths **supposably** due to homicide. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease, and of all persons found dead.



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100-m 12-35 No. 6156F

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 268 River Road

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 161

2 FULL NAME Alice J. McGillicuddy Cunningham

(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No. 268 River Road

(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of Daniel (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 59 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home  
10 Date deceased last worked at this occupation (month and year)  
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Daniel E. McGillicuddy

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER Catherine

16 BIRTHPLACE OF MOTHER (City) Cannot be Learned (State or country)

17 Informant (Address) Daniel T. Cunningham 268 River Road Winthrop, Mass. Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH August 30 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 29, 1938, to August 30, 1938

I last saw her alive on Aug. 29, 1938, death is said

to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Arterio-Sclerosis Date of Onset 1934

Contributory causes of importance not related to principal cause:

Broncho-Pneumonia August 24 - 1938

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or Injury in any way related to occupation of deceased? If so, specify

(Signed) Edward J. Traugott, M.D. (Address) 200 Washington Ave. Boston, Mass. Date 8-30-1938

21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL September 1938

22 NAME OF UNDERTAKER John J. O'Malley ADDRESS Winthrop, Massachusetts

Received and filed SEP 5 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**RELATION OF DEATH TO MEDICAL OFFICER.**—The physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended, or in the case of a death occurring in the family of the deceased, furnish last illness, at the request of the family of the deceased, furnish person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge, and of which he is satisfied, the name of the deceased, his sup- posed age, the disease or diseases of which he died, defined as required by section one, where same was contracted, the duration of his last illness, etc. These facts shall be given in the following order: (1) Name of deceased, as last seen alive by the physician or officer and the date of his death. (2) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (3) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (4) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (5) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (6) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (7) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (8) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (9) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (10) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (11) Name of the deceased, as last seen alive by the physician or officer and the date of his death. 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(39) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (40) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (41) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (42) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (43) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (44) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (45) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (46) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (47) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (48) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (49) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (50) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (51) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (52) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (53) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (54) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (55) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (56) Name of the deceased, as last seen alive by the physician or officer and the date of his death. 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(84) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (85) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (86) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (87) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (88) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (89) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (90) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (91) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (92) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (93) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (94) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (95) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (96) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (97) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (98) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (99) Name of the deceased, as last seen alive by the physician or officer and the date of his death. (100) Name of the deceased, as last seen alive by the physician or officer and the date of his death.

**Gen. Laws, Chap. 46, Sec. 9.**

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker, destined to make such a removal shall constitute a permit for such removal, provided that such body shall be returned to the town from which it was removed within thirty-six hours after its removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder; and the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army or marine corps of the United States in any war the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign, seal and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, Sec. 45, G. L. (TENTH EDITION.)**

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—Gen. Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, Sec. 46, G. L. (TENTH EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recent disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed. They will investigate and certify to all deaths **apparently due to injury**. These include, not only deaths caused directly or indirectly by violence, but also deaths resulting from chemical agents, and deaths following abortion, but also deaths from **deaths resulting from injury or infection related to occupation** and the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.



Boston notepaper 9/9/38

SUFFOLK  
(County)WINTHROP  
(City or Town)The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 162

No. Station Hospital, Fort Banks, Mass. St. Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Knud P. Tonneson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. World  
War Veteran War  
specify WAR)(a) Residence. No. East Boston Airport, East Boston St. Mass. Ward,  
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred UNKNOWN months days. How long in U.S., if of foreign birth? UNKNOWN months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word)  
MARRIED WIDOWED or DIVORCED Married

6a If married, widowed, or divorced

HUSBAND of Anna Tonneson  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years 2 Months 20 Days If less than 1 day  
Hours Minutes8 Trade, profession, or particular  
kind of work done, as spinner, Retired Soldier  
sawyer, bookkeeper, etc.9 Industry or business in which  
work was done, as silk mill, US Army Retired  
saw mill, bank, etc.10 Date deceased last worked at  
this occupation (month and year) UNKNOWN 11 Total time (years)  
spent in this occupation 3012 BIRTHPLACE (City) Denmark  
(State or country)13 NAME OF  
FATHER UNKNOWN14 BIRTHPLACE OF  
FATHER (City) UNKNOWN (Denmark)  
(State or country)15 MAIDEN NAME  
OF MOTHER Anna Nicholson16 BIRTHPLACE OF  
MOTHER (City) Denmark  
(State or country)17 REGISTRAR, Sta Hosp Ft Banks, Mass. Relation, if any  
(Informant Address)I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:Wm. Schuller  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 31 1938  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
August 29th, 1938, to August 31st, 1938

I last saw him alive on August 31, 1938, death is said

to have occurred on the date stated above, at 4:25 PM

The principal cause of death and related causes of importance in order of onset  
were as follows:1. Arteriosclerosis, generalized 1927  
2. Cerebral Hemorrhage Aug 29/38

Date of Onset

1927

Contributory causes of importance not related to principal cause:

None

Name of operation None Date of  
What test confirmed diagnosis? None Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) Joseph P. Hull, 1st Lt. U.S.A. M. D.  
(Address) Fort Banks, Mass. Date Aug 31, 1938

21 Hull Village Cemetary, Hull Mass.

Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL September 4th 193822 NAME OF  
UNDERTAKER GEORGE H. DOWNING

ADDRESS Hingham, Mass.

Received and filed SEP 7 1938

(Registrar)

**Statement of occupation.** Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make something in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a person whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY COOK—HOTEL, etc. For a person who had no occupation whatsoever write NONE.

Gen. Laws (HAR. 46, SEC. 9

To be complete, an occupation return must state:

profession or particular kind of work done.

6. The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation, in stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.**

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLEER.

**Statement of Cause of Death.** Cause of death means the disease, or complication of disease, that causes death, not the mode of dying, e. g., heart failure, myxema, strychnine, etc. As principal cause name the nearest cause of death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of disease, name those not related to principal cause, name other important diseases.

**Example**

Arteriosclerosis

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

**Contributory causes** of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**Medical examiners.**—*Gen. Laws, Ch. 38, Sec. 6.* Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . They shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Ch. 38, Sec. 7.*

by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

known, however, as a description of the manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury human body or the ashes thereof which have been brought into the commonwealth unless he has received a permit so to do from a board of health; and no person shall receive a permit so to do until he has ascertained from the clerk of the town where the body is to be buried that the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. —CHAP. 114, SEC. 46, G. L. (TENTH REVISION).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized diseases unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Miscellaneous.** Medical examiners will investigate not only deaths caused **supposedly due to injury.** These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 6424

PLACE OF DEATH

(County)

(City or Town)

No. New England Hosp

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Visconte

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,  
specify WAR)

163

(a) Residence. No. 147 Main

St.,

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

F

W

MARRIED  
WIDOWED  
or DIVORCED

Marr

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John Visconte  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 46 Years Months Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

housewife

9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

at home

10 Date deceased last worked at  
this occupation (month and  
year) /3411 Total time (years)  
spent in this  
occupation 30

12 BIRTHPLACE (City)

(State or country)

Gloucester

13 NAME OF  
FATHER

David Landry

14 BIRTHPLACE OF  
FATHER (City)

(State or country)

Gloucester

15 MAIDEN NAME  
OF MOTHER

Rose Boudreau

16 BIRTHPLACE OF  
MOTHER (City)

(State or country)

Gloucester

17

Informant  
(Address)

husband

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

8/6/38

19

18 DATE OF  
DEATH

August 3/38

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

7/5/38

19....., to

8/3/38

19.....

I last saw him alive on

or

8/3/38

19....., death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance in order of  
onset were as follows:polycystic kidneys  
uremia

Date of onset

4 yrs

2 mos

Contributory causes of importance not related to principal cause:

pelvic abscess

Name of operation

Exploratory

Date of

1934

What test confirmed diagnosis?

Was there an autopsy?

yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D W Scheldell

M. D.

(Address)

New England Hosp

Date

8/3

19 38

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

8/5/38

19

22 NAME OF  
UNDERTAKER

W J Cassidy

ADDRESS

Boston

Received and filed

19

(Registrar of City or Town where deceased resided)





tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-E

PLACE OF DEATH		SUFFOLK (County) BOSTON		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		BOSTON (City or town making return)	
1	PLACE OF DEATH	No.	New England Deaconess Hosp	St.	Ward	Registered No.	6579
2	FULL NAME	George Stevenson (If deceased is a married, widowed or divorced woman, give also maiden name.)				(If death occurred in a hospital or institution, give its NAME instead of street and number)	161
(a)	Residence. No.	115 Loring Rd				St.	Ward, Winthrop
		(Usual place of abode)		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		Yrs.	mos.	days.	How long in U. S., if of foreign birth?	Yrs.	mos.
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3	SEX	4	COLOR OR RACE	5	SINGLE MARRIED (write the word) WIDOWED or DIVORCED	18	DATE OF DEATH
M		W		Marr		August 6/38	(Month) (Day) (Year)
5a	If married, widowed, or divorced	W	Edith Colburn	19 I HEREBY CERTIFY, That I attended deceased from			
HUSBAND of		(Give maiden name of wife in full)		6/30/38, 19, to 8/6/38, 19.			
(or)	WIFE of	(Husband's name in full)		I last saw him alive on 8/6/38, 19, death is said			
6	IF STILLBORN, enter that fact here.			to have occurred on the date stated above at 11:40a			
7	AGE	61	Years	5	Months	19	Days
		Hours		Minutes		If less than 1 day	
OCCUPATION	8	Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		warehouse manager			
	9	Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Metropolitan Storage			
	10	Date deceased last worked at this occupation (month and year)		6/38	11	Total time (years) spent in this occupation 31	
12	BIRTHPLACE (City)	Roxbury		pulmonary emboli-multiple (origin: iliac and femoral veins) 6/5/38			
13	NAME OF FATHER	John Stevenson		The principal cause of death and related causes of importance in order of onset were as follows:			
14	BIRTHPLACE OF FATHER (City)	Thomaston Me		Contributory causes of importance not related to principal cause:			
15	MAIDEN NAME OF MOTHER	Louisa Short		benign prostatic hypertrophy yrs			
16	BIRTHPLACE OF MOTHER (City)	Baltimore Md		suprapubic cystotomy and bilateral vasectomy			
17	Chester son			What test confirmed diagnosis? Was there a autopsy? 8/2/38			
18	DATE OF BURIAL	8/10/38		20 Was disease or injury in any way related to occupation of deceased? yes			
19	NAME OF UNDERTAKER	A. E. Long & Son		If so, specify (Signed) A. Marble, M. D.			
20	ADDRESS	Cambridge		(Address) 81 Bay State Rd, Date 8/6 19 38			
21	PLACE OF BURIAL, CREMATION OR REMOVAL	Oak Grove		21 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Grove Medford (Cemetery) (City or town)			
22	NAME OF UNDERTAKER	A. E. Long & Son		22 NAME OF UNDERTAKER			
23	ADDRESS	Cambridge		23 ADDRESS			
24	DATE OF BURIAL	8/10/38		24 DATE OF BURIAL			
25	NAME OF UNDERTAKER	A. E. Long & Son		25 NAME OF UNDERTAKER			
26	ADDRESS	Cambridge		26 ADDRESS			
27	DATE OF BURIAL	8/10/38		27 DATE OF BURIAL			
28	NAME OF UNDERTAKER	A. E. Long & Son		28 NAME OF UNDERTAKER			
29	ADDRESS	Cambridge		29 ADDRESS			
30	DATE OF BURIAL	8/10/38		30 DATE OF BURIAL			
31	NAME OF UNDERTAKER	A. E. Long & Son		31 NAME OF UNDERTAKER			
32	ADDRESS	Cambridge		32 ADDRESS			
33	DATE OF BURIAL	8/10/38		33 DATE OF BURIAL			
34	NAME OF UNDERTAKER	A. E. Long & Son		34 NAME OF UNDERTAKER			
35	ADDRESS	Cambridge		35 ADDRESS			
36	DATE OF BURIAL	8/10/38		36 DATE OF BURIAL			
37	NAME OF UNDERTAKER	A. E. Long & Son		37 NAME OF UNDERTAKER			
38	ADDRESS	Cambridge		38 ADDRESS			
39	DATE OF BURIAL	8/10/38		39 DATE OF BURIAL			
40	NAME OF UNDERTAKER	A. E. Long & Son		40 NAME OF UNDERTAKER			
41	ADDRESS	Cambridge		41 ADDRESS			
42	DATE OF BURIAL	8/10/38		42 DATE OF BURIAL			
43	NAME OF UNDERTAKER	A. E. Long & Son		43 NAME OF UNDERTAKER			
44	ADDRESS	Cambridge		44 ADDRESS			
45	DATE OF BURIAL	8/10/38		45 DATE OF BURIAL			
46	NAME OF UNDERTAKER	A. E. Long & Son		46 NAME OF UNDERTAKER			
47	ADDRESS	Cambridge		47 ADDRESS			
48	DATE OF BURIAL	8/10/38		48 DATE OF BURIAL			
49	NAME OF UNDERTAKER	A. E. Long & Son		49 NAME OF UNDERTAKER			
50	ADDRESS	Cambridge		50 ADDRESS			
51	DATE OF BURIAL	8/10/38		51 DATE OF BURIAL			
52	NAME OF UNDERTAKER	A. E. Long & Son		52 NAME OF UNDERTAKER			
53	ADDRESS	Cambridge		53 ADDRESS			
54	DATE OF BURIAL	8/10/38		54 DATE OF BURIAL			
55	NAME OF UNDERTAKER	A. E. Long & Son		55 NAME OF UNDERTAKER			
56	ADDRESS	Cambridge		56 ADDRESS			
57	DATE OF BURIAL	8/10/38		57 DATE OF BURIAL			
58	NAME OF UNDERTAKER	A. E. Long & Son		58 NAME OF UNDERTAKER			
59	ADDRESS	Cambridge		59 ADDRESS			
60	DATE OF BURIAL	8/10/38		60 DATE OF BURIAL			
61	NAME OF UNDERTAKER	A. E. Long & Son		61 NAME OF UNDERTAKER			
62	ADDRESS	Cambridge		62 ADDRESS			
63	DATE OF BURIAL	8/10/38		63 DATE OF BURIAL			
64	NAME OF UNDERTAKER	A. E. Long & Son		64 NAME OF UNDERTAKER			
65	ADDRESS	Cambridge		65 ADDRESS			
66	DATE OF BURIAL	8/10/38		66 DATE OF BURIAL			
67	NAME OF UNDERTAKER	A. E. Long & Son		67 NAME OF UNDERTAKER			
68	ADDRESS	Cambridge		68 ADDRESS			
69	DATE OF BURIAL	8/10/38		69 DATE OF BURIAL			
70	NAME OF UNDERTAKER	A. E. Long & Son		70 NAME OF UNDERTAKER			
71	ADDRESS	Cambridge		71 ADDRESS			
72	DATE OF BURIAL	8/10/38		72 DATE OF BURIAL			
73	NAME OF UNDERTAKER	A. E. Long & Son		73 NAME OF UNDERTAKER			
74	ADDRESS	Cambridge		74 ADDRESS			
75	DATE OF BURIAL	8/10/38		75 DATE OF BURIAL			
76	NAME OF UNDERTAKER	A. E. Long & Son		76 NAME OF UNDERTAKER			
77	ADDRESS	Cambridge		77 ADDRESS			
78	DATE OF BURIAL	8/10/38		78 DATE OF BURIAL			
79	NAME OF UNDERTAKER	A. E. Long & Son		79 NAME OF UNDERTAKER			
80	ADDRESS	Cambridge		80 ADDRESS			
81	DATE OF BURIAL	8/10/38		81 DATE OF BURIAL			
82	NAME OF UNDERTAKER	A. E. Long & Son		82 NAME OF UNDERTAKER			
83	ADDRESS	Cambridge		83 ADDRESS			
84	DATE OF BURIAL	8/10/38		84 DATE OF BURIAL			
85	NAME OF UNDERTAKER	A. E. Long & Son		85 NAME OF UNDERTAKER			
86	ADDRESS	Cambridge		86 ADDRESS			
87	DATE OF BURIAL	8/10/38		87 DATE OF BURIAL			
88	NAME OF UNDERTAKER	A. E. Long & Son		88 NAME OF UNDERTAKER			
89	ADDRESS	Cambridge		89 ADDRESS			
90	DATE OF BURIAL	8/10/38		90 DATE OF BURIAL			
91	NAME OF UNDERTAKER	A. E. Long & Son		91 NAME OF UNDERTAKER			
92	ADDRESS	Cambridge		92 ADDRESS			
93	DATE OF BURIAL	8/10/38		93 DATE OF BURIAL			
94	NAME OF UNDERTAKER	A. E. Long & Son		94 NAME OF UNDERTAKER			
95	ADDRESS	Cambridge		95 ADDRESS			
96	DATE OF BURIAL	8/10/38		96 DATE OF BURIAL			
97	NAME OF UNDERTAKER	A. E. Long & Son		97 NAME OF UNDERTAKER			
98	ADDRESS	Cambridge		98 ADDRESS			
99	DATE OF BURIAL	8/10/38		99 DATE OF BURIAL			
100	NAME OF UNDERTAKER	A. E. Long & Son		100 NAME OF UNDERTAKER			
101	ADDRESS	Cambridge		101 ADDRESS			
102	DATE OF BURIAL	8/10/38		102 DATE OF BURIAL			
103	NAME OF UNDERTAKER	A. E. Long & Son		103 NAME OF UNDERTAKER			
104	ADDRESS	Cambridge		104 ADDRESS			
105	DATE OF BURIAL	8/10/38		105 DATE OF BURIAL			
106	NAME OF UNDERTAKER	A. E. Long & Son		106 NAME OF UNDERTAKER			
107	ADDRESS	Cambridge		107 ADDRESS			
108	DATE OF BURIAL	8/10/38		108 DATE OF BURIAL			
109	NAME OF UNDERTAKER	A. E. Long & Son		109 NAME OF UNDERTAKER			
110	ADDRESS	Cambridge		110 ADDRESS			
111	DATE OF BURIAL	8/10/38		111 DATE OF BURIAL			
112	NAME OF UNDERTAKER	A. E. Long & Son		112 NAME OF UNDERTAKER			
113	ADDRESS	Cambridge		113 ADDRESS			
114	DATE OF BURIAL	8/10/38		114 DATE OF BURIAL			
115	NAME OF UNDERTAKER	A. E. Long & Son		115 NAME OF UNDERTAKER			
116	ADDRESS	Cambridge		116 ADDRESS			
117	DATE OF BURIAL	8/10/38		117 DATE OF BURIAL			
118	NAME OF UNDERTAKER	A. E. Long & Son		118 NAME OF UNDERTAKER			
119	ADDRESS	Cambridge		119 ADDRESS			
120	DATE OF BURIAL	8/10/38		120 DATE OF BURIAL			
121	NAME OF UNDERTAKER	A. E. Long & Son		121 NAME OF UNDERTAKER			
122	ADDRESS	Cambridge		122 ADDRESS			
123	DATE OF BURIAL	8/10/38		123 DATE OF BURIAL			
124	NAME OF UNDERTAKER	A. E. Long & Son		124 NAME OF UNDERTAKER			
125	ADDRESS	Cambridge		125 ADDRESS			
126	DATE OF BURIAL	8/10/38		126 DATE OF BURIAL			
127	NAME OF UNDERTAKER	A. E. Long & Son		127 NAME OF UNDERTAKER			
128	ADDRESS	Cambridge		128 ADDRESS			
129	DATE OF BURIAL	8/10/38		129 DATE OF BURIAL			
130	NAME OF UNDERTAKER	A. E. Long & Son		130 NAME OF UNDERTAKER			
131	ADDRESS	Cambridge		131 ADDRESS			
132	DATE OF BURIAL	8/10/38		132 DATE OF BURIAL			
133	NAME OF UNDERTAKER	A. E. Long & Son		133 NAME OF UNDERTAKER			
134	ADDRESS	Cambridge		134 ADDRESS			
135	DATE OF BURIAL	8/10/38		135 DATE OF BURIAL			
136	NAME OF UNDERTAKER	A. E. Long & Son		136 NAME OF UNDERTAKER			
137	ADDRESS	Cambridge		137 ADDRESS			
138	DATE OF BURIAL	8/10/38		138 DATE OF BURIAL			
139	NAME OF UNDERTAKER	A. E. Long & Son		139 NAME OF UNDERTAKER			
140	ADDRESS	Cambridge		140 ADDRESS			
141	DATE OF BURIAL	8/10/38		141 DATE OF BURIAL			
142	NAME OF UNDERTAKER	A. E. Long & Son		142 NAME OF UNDERTAKER			
143	ADDRESS	Cambridge		143 ADDRESS			
144	DATE OF BURIAL	8/10/38		144 DATE OF BURIAL			
145	NAME OF UNDERTAKER	A. E. Long & Son		145 NAME OF UNDERTAKER			
146	ADDRESS	Cambridge		146 ADDRESS			
147	DATE OF BURIAL	8/10/38		147 DATE OF BURIAL			
148	NAME OF UNDERTAKER	A. E. Long & Son		148 NAME OF UNDERTAKER			
149	ADDRESS	Cambridge		149 ADDRESS			
150	DATE OF BURIAL	8/10/38		150 DATE OF BURIAL			
151	NAME OF UNDERTAKER	A. E. Long & Son		151 NAME OF UNDERTAKER			
152	ADDRESS	Cambridge		152 ADDRESS			
153	DATE OF BURIAL	8/10/38		153 DATE OF BURIAL			
154	NAME OF UNDERTAKER	A. E. Long & Son		154 NAME OF UNDERTAKER			
155	ADDRESS	Cambridge		155 ADDRESS			
156	DATE OF BURIAL	8/10/38		156 DATE OF BURIAL			
157	NAME OF UNDERTAKER	A. E. Long & Son		157 NAME OF UNDERTAKER			
158	ADDRESS	Cambridge		158 ADDRESS			
159	DATE OF BURIAL	8/10/38		159 DATE OF BURIAL			
160	NAME OF UNDERTAKER	A. E. Long & Son		160 NAME OF UNDERTAKER			
161	ADDRESS	Cambridge		161 ADDRESS			
162	DATE OF BURIAL	8/10/38		162 DATE OF BURIAL			
163	NAME OF UNDERTAKER	A. E. Long & Son		163 NAME OF UNDERTAKER			
164	ADDRESS	Cambridge		164 ADDRESS			
165	DATE OF BURIAL	8/10/38		165 DATE OF BURIAL			
166	NAME OF UNDERTAKER	A. E. Long & Son		166 NAME OF UNDERTAKER			
167	ADDRESS	Cambridge		167 ADDRESS			
168	DATE OF BURIAL	8/10/38		168 DATE OF BURIAL			
169	NAME OF UNDERTAKER	A. E. Long & Son		169 NAME OF UNDERTAKER			
170	ADDRESS	Cambridge		170 ADDRESS			
171	DATE OF BURIAL	8/10/38		171 DATE OF BURIAL			
172	NAME OF UNDERTAKER	A. E. Long & Son		172 NAME OF UNDERTAKER			
173	ADDRESS	Cambridge		173 ADDRESS			
174	DATE OF BURIAL	8/10/38		174 DATE OF BURIAL			
175	NAME OF UNDERTAKER	A. E. Long & Son		175 NAME OF UNDERTAKER			
176	ADDRESS	Cambridge		176 ADDRESS			
177	DATE OF BURIAL	8/10/38		177 DATE OF BURIAL			
178	NAME OF UNDERTAKER	A. E. Long & Son		178 NAME OF UNDERTAKER			
179	ADDRESS	Cambridge		179 ADDRESS			
180	DATE OF BURIAL	8/10/38		180 DATE OF BURIAL			
181	NAME OF UNDERTAKER	A. E. Long & Son		181 NAME OF UNDERTAKER			
182	ADDRESS	Cambridge		182 ADDRESS			
183	DATE OF BURIAL	8/10/38		183 DATE OF BURIAL			
184	NAME OF UNDERTAKER	A. E. Long & Son		184 NAME OF UNDERTAKER			
185	ADDRESS	Cambridge		185 ADDRESS			
186	DATE OF BURIAL	8/10/38		186 DATE OF BURIAL			
187	NAME OF UNDERTAKER	A. E. Long & Son		187 NAME OF UNDERTAKER			
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189	DATE OF BURIAL	8/10/38		189 DATE OF BURIAL			
190	NAME OF UNDERTAKER	A. E. Long & Son		190 NAME OF UNDERTAKER			
191	ADDRESS	Cambridge		191 ADDRESS			
192	DATE OF BURIAL	8/10/38		192 DATE OF BURIAL			
193	NAME OF UNDERTAKER	A. E. Long & Son		193 NAME OF UNDERTAKER			
194	ADDRESS	Cambridge		194 ADDRESS			
195	DATE OF BURIAL	8/10/38		195 DATE OF BURIAL			
196	NAME OF UNDERTAKER	A. E. Long & Son		196 NAME OF UNDERTAKER			
197	ADDRESS	Cambridge		197 ADDRESS			
198	DATE OF BURIAL	8/10/38		198 DATE OF BURIAL			
199	NAME OF UNDERTAKER	A. E. Long & Son		199 NAME OF UNDERTAKER			
200	ADDRESS	Cambridge		200 ADDRESS			

SEP 15 1938





tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
**STANDARD  
CERTIFICATE OF DEATH**

State Infirmary  
Tewksbury Mass.  
(City or town making return)

Registered No. 303

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1 PLACE OF DEATH  
Middlesex  
(County)  
Tewksbury  
(City or Town)  
No. State Infirmary

St., Ward {

2 FULL NAME Willey Belcher  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)

165

(a) Residence. No. 217 Shirley St., Ward, Winthrop  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 19 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 81 Years 5 Months 19 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

13 NAME OF FATHER Samuel Belcher

14 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Mass.

15 MAIDEN NAME OF MOTHER Not learned

16 BIRTHPLACE OF MOTHER (City) Raymond (State or country) New Hampshire

17 Hospital Records Relation, if any Informant (Address)

A TRUE COPY Samuel H. Kelley, M. D. Supt.  
ATTEST: (Registrar of city or town where death occurred)

DATE FILED Aug. 14, 1938

18 DATE OF DEATH August 14, 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 6, 1935, to Aug. 14, 1938

I last saw him alive on Aug. 14, 1938, death is said to have occurred on the date stated above, at 9:30 a.m. P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Basal Cell Carcinoma of rt. ear Not known

Contributory causes of importance not related to principal cause:

Nephritis Not known

Name of operation Date of operation What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) G. J. M. Grant, M. D. (Address) State Infirmary Date 8/15 1938

21 Winthrop Cem. Winthrop, Mass. Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL August 17, 1938

22 NAME OF UNDERTAKER C. R. Bennison ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)



SEP 17 1938 AM



1 PLACE OF DEATH		SUFFOLK (County) BOSTON		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		BOSTON (City or town making return)		Registered No. 6781	
No. Mass General Hosp		St.,		Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME Mary N MacCullagh		(If deceased is a married, widowed or divorced woman, give also maiden name.)		249 Shore Drive		St.,		Ward, Wintthrop	
(a) Residence. No. 249 Shore Drive		(Usual place of abode)		St.,		Ward,		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs.		mos.		days.		How long in U. S., if of foreign birth	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH							
3 SEX F		4 COLOR OR RACE W		5 SINGLE MARRIED WIDOWED or DIVORCED Div		18 DATE OF DEATH August 15/38		(Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of		(Give maiden name of wife in full)		William H MacCullagh		19 I HEREBY CERTIFY, That I attended deceased from		7/16/38, 19, to 8/15/38, 19	
(or) WIFE of		(Husband's name in full)				I last saw him alive on 8/15/38, 19, death is said		to have occurred on the date stated above, at 1:30 p.m.	
6 IF STILLBORN, enter that fact here.						The principal cause of death and related causes of importance in order of onset were as follows:		Date of onset	
7 AGE 36		Years Months Days		If less than 1 day Hours Minutes		acute appendicitis with perforation		1 mo	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		private secretary				Contributory causes of importance not related to principal cause:			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		office				pulmonary embolism		5 min	
10 Date deceased last worked at this occupation (month and year)		7/38		11 Total time (years) spent in this occupation 10		Hepatic abscess with drainage		Date of 7/14/38	
12 BIRTHPLACE (City) (State or country)		Concord N H				What test confirmed diagnosis?		Was there an autopsy?	
13 NAME OF FATHER		Leigh E Romina				20 Was disease or injury in any way related to occupation of deceased?			
14 BIRTHPLACE OF FATHER (City) (State or country)		- Ind				If so, specify.			
15 MAIDEN NAME OF MOTHER		Elizabeth Godette				(Signed) M C Baker		M. D.	
16 BIRTHPLACE OF MOTHER (City) (State or country)		- Vt				(Address) Mass General Hosp		Date 8/15 19 38	
17 Informant mother						21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Dale		(City or town) Malden	
(Address)						DATE OF BURIAL 8/17/38		19	
A TRUE COPY. James A. Burke						22 NAME OF UNDERTAKER E E Burns			
ATTEST:		(Registrar of city or town where death occurred)				ADDRESS Malden			
DATE FILED 8/18/38						Received and filed SEP 15 1938		19	
						(Registrar of City or Town where deceased resided)			







## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 7091

PLACE OF DEATH  
1

SUFFOLK

(County)

BOSTON

(City or Town)

No. Peter Bomb Brigham Hosp

St.,

Ward

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Alice M Cordes

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)

167

(a) Residence. No. 15 Washington

St.,

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

F

W

MARRIED  
WIDOWED  
or DIVORCED

Marr

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Joseph I Cordes

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 52 Years 5 Months 6 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

housewife

9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

at home

10 Date deceased last worked at  
this occupation (month and  
year)

6/38

11 Total time (years)  
spent in this  
occupation

35

12 BIRTHPLACE (City)

(State or country)

Brookton

13 NAME OF  
FATHER

Horace W Tinkem

14 BIRTHPLACE OF  
FATHER (City)

(State or country)

Middleboro

15 MAIDEN NAME  
OF MOTHER

Emma D Park

16 BIRTHPLACE OF  
MOTHER (City)

(State or country)

Indianola Texas

17

Informant  
(Address)

husband

A TRUE COPY

ATTEST:

Hilda Hedetom Tinkem

(Registrar of city or town where death occurred)

DATE FILED

8/30/38

19

18 DATE OF

DEATH

August 26/38

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death  
of the person above-named and that the CAUSE AND MANNER thereof are  
as follows: (If an injury was involved, state fully)

acute cardiac failure

diabetes mellitus

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

Suicide or

Homicide?

Date of injury.....19

Where did

injury occur?

(City or town and State)

Manner of

Injury.....

Nature of

Injury.....

21 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) C. J. O'Leary

M. D.

(Address) Boston

Date 8/27 38

22 PLACE OF BURIAL,  
CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

8/30/38

19

23 NAME OF  
UNDERTAKER

A. J. Walton

ADDRESS

Melrose Highlands

Received and filed.....19

SEP 15 1938

(Registrar of City or Town where deceased resided)







The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

Medfield  
(City or town making return)  
Registered No. 77

1 PLACE OF DEATH

Norfolk  
(County)  
Medfield  
(City or Town)

No. Medfield State Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Delia McCarthy  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(If U. S. War Veteran, specify WAR) 168

(a) Residence. No. 5 Wave St., Ward, Winthrop, Mass.  
(Usual place of abode)  
(If nonresident, give city or town and state)  
Length of residence in city or town where death occurred 6 yrs. 11 mos. 15 days. How long in U. S., if of foreign birth? 33 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female  
4 COLOR OR RACE White  
5 SINGLE (write the word) Single  
MARRIED  
WIDOWED  
or DIVORCED

18 DATE OF DEATH August 30, 1938  
(Month) (Day) (Year)

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

6 IF STILLBORN, enter that fact here.  
7 AGE 42 Years Months Days If less than 1 day Hours Minutes

Cardiac Hypertrophy accompanied by Pulmonary and Cerebral Edema.  
Found dead in bed.

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10 Date deceased last worked at this occupation (month and year)  
11 Total time (years) spent in this occupation.

20 If death was due to external causes (VIOLENCE) fill in the following:  
Accident, Suicide or Homicide? None Date of Injury 19

12 BIRTHPLACE (City) (State or country) Ireland

Where did Injury occur? (City or town and State)

13 NAME OF FATHER Thomas McCarthy

Manner of Injury None

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

Nature of Injury

15 MAIDEN NAME OF MOTHER Margaret Manion

Was there an autopsy?

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Was disease or injury in any way related to occupation of deceased? No  
If so, specify  
(Signed) Harold L. Shenker  
(Address) W. Medway, Mass. Date 8/30, 1938

17 Informant Medfield St. Hosp. (Address) (Records)

22 State Cemetery Medfield  
Place of Burial, Cremation or Removal. (City or Town)  
DATE OF BURIAL Sept. 12, 1938

A TRUE COPY.  
ATTEST: Charles W. Keirstead.  
(Registrar of city or town where death occurred)

23 NAME OF UNDERTAKER Joseph A. Roberts  
ADDRESS Medfield, Mass.

DATE FILED Sept. 14, 1938

Received and filed SEP 15 1938  
(Registrar of City or Town where deceased resided)

25m. 11-136. No. 9080-h





PLACE OF DEATH

Suffolk  
(County)  
Dorchester  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 169

1 PLACE OF DEATH No. 23 Staldemar Ave. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eliza J. Glawson  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 23 Staldemar Ave. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 22 years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

6a If married, widowed, or divorced

HUSBAND of Edward S. Glawson (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 86 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
10 Date deceased last worked at this occupation (month and year) - 11 Total time (years) spent in this occupation -

12 BIRTHPLACE (City) Portland (State or country) Maine

13 NAME OF FATHER Thomas Powell

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Ellen Finien

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant (Address) Mary M. Deering (Address) 23 Staldemar Ave. Relationship any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress  
(Signature of Agent of Board of Health or other)  
Agent Sept. 3/38  
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH Sept 1 38  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 27, 1938, to Sept 1, 1938  
I last saw him alive on August 30, 1938, death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Edema of Lungs Date of Onset Sept 1

Contributory causes of importance not related to principal cause: general arteriosclerosis

Name of operation - Date of -  
What test confirmed diagnosis? - Was there an autopsy? -

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) L. E. G. M. D. (Address) 7/1938 Date 9/1938

21 Place of Burial, Cremation or Removal (City or Town) Dorchester, Dorchester

DATE OF BURIAL Sept. 3 1938

22 NAME OF UNDERTAKER J. O. Kirby  
ADDRESS Oak Grove

Received and filed. SEPT 7 1938

(Registrar)

**Statement of occupation.** This statement of occupation was very important so that the relative healthiness of various types of employment could be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write "housework" in answer to Question 8 and own home in answer 10. For a woman in answer to Question 8 and own home in answer 10, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.



Information should be stated EXACTLY. If physicians around state  
 information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.  
 is very important.



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
 STANDARD  
 CERTIFICATE OF DEATH

To be filed for burial permit  
 with Board of Health  
 or its Agent.

Registered No. 120

1 PLACE OF DEATH  
 Suffolk (County)  
 Winthrop (City or Town)  
 No. 22 Washington Avenue St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 2 FULL NAME William Caleb Johnson (If deceased is a married, widowed or divorced woman, give also maiden name.)  
 (a) Residence. No. 22 Washington Avenue St. Ward, (If U. S. War Veteran, specify WAR)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 28 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days. (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Lorena J. Elliott (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years 3 Months 1 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Railway Ex-press  
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office  
 10 Date deceased last worked at this occupation (month and year) June 1938 11 Total time (years) spent in this occupation 46

12 BIRTHPLACE (City) Dorchester County (State or country) Maryland

13 NAME OF FATHER William T. Johnson

14 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country) Maryland

15 MAIDEN NAME OF MOTHER Maria Woodland

16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country) Maryland

17 Informant Lorena J. Johnson (wife) (Address) 2 Washington Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 2 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 17, 1938, to Sept. 2, 1938. I last saw him alive on Sept. 1, 1938, death is said to have occurred on the date stated above, at 7:15 A.M. The principal cause of death and related causes of importance in order of onset were as follows:

Chronic nephritis 1935  
 Chronic myocarditis 1936

Contributory causes of importance not related to principal cause:

hypostatic pneumonia 8/31/38

Name of operation Date of What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Sydie A. Robinson M. D. (Signed) 8/30/38 (Address) 101 Somerset St. Winthrop Date 9/2/1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL Sept. 4 1938

22 NAME OF UNDERTAKER Charles R. Bennison Winthrop Mass

Received and filed SEP 7 1938 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, *asphyxia*, *asthma*, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, he may be obtained early enough for the purpose, or is insufficient, by the selectmen for the purpose, or by the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the undertaker desiring to make such removal shall, in the possession of the certificate provided, make such removal and shall be entitled to a permit for such removal, provided, that such body shall be returned to the town from which it was removed within the twenty-four hours of such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. On the death certificate contains a record, as required by section one of chapter forty-six, that the deceased served in the army, or marine corps of the United States in any war in which he has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith concur in it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

### RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons so indicated to have given bedside care during a last illness from disease so indicated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease sudden death from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 171

PLACE OF DEATH

Suffolk  
(County)

Linthron  
(City or Town)

No. Linthron Community Hospital St.,

Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME William Joseph Brooks

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 69 Almont St.

St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE Single (write the word)  
MARRIED  
WIDOWED  
or DIVORCED

18 DATE OF DEATH September 4 1938  
(Month) (Day) (Year)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years Months Days If less than 1 day  
Hours Minutes

19 I HEREBY CERTIFY. That I attended deceased from  
August 15, 1938 to September 4, 1938  
I last saw him alive on Sept. 4, 1938, death is said  
to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance in order of onset  
were as follows:

Acute Coronary Thrombosis Date of Onset  
Aug 15/38  
IMPORTANT

Contributory causes of importance not related to principal cause:

Arteriosclerosis 1938

Name of operation none Date of  
What test confirmed diagnosis Labatory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Jacob Abigues M.D.  
(Address) 562 Stanley St. Date Sept 4, 1938

21 Calvary Boston  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL Sept 8 1938

22 NAME OF UNDERTAKER John H. Moley  
ADDRESS

Received and filed 1938 SEP 7 19

(Registrar)

PARENTS

13 NAME OF FATHER John Brooks

14 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

15 MAIDEN NAME OF MOTHER Catherine Moran

16 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)

17 Informant Mary Brook Relation, if any  
(Address) 69 Almont St. (Sister)

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

William D. Childress  
(Signature of Agent of Board of Health or other)

Agent Sept 1-5/38  
(Official Designation) (Date of Issue of Permit)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been the same up or changed on account of the disease causing death, beyond the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school. **HOUSEWORK.** For a woman whose only occupation was that of housewife, write **HOUSEWORK** in answer to Question 8 and **OWN HOME** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **HOUSEKEEPER—PRIVATE FAMILY**, **COOK**, **HOUSE-MAID**, etc. For a person who had no occupation whatever write **NONE**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **SPINNER**, **WEAVER**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE**, **SOAP FACTORY**, **COTTON MILL**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **CITY ENGINEER**, **MECHANICAL ENGINEER**, **MINING ENGINEER**, **STATION ENGINEER**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as **CARPENTER**, **PLASTER**, **MACHINIST**, etc. Distinguish carefully between **RETAIL**, **MERCHANTS** and **WHOLESALE MERCHANTS**. A person who sells goods should be called a **SALESMAN** and not a **CLERK**.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

'The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

last illness, at the death of a person whom he has attended during his life, or after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, deemed as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb or other place of interment to another, in the same cemetery, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died. No such permit shall be issued until there shall have been satisfactory written statement con- sidered by the board of health or its agent, or by the clerk, as to the facts required by law to be returned and recorded, which shall be accompanied in case of an official interment, by a satisfactory certificate from the attending physician, if any, as re- quired by law, and in case of a private interment, by a satisfactory certificate from the attending physician, or if, for sufficient rea- sons, his certificate cannot be obtained early enough for the pur- pose, a certificate from a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall make such certificate. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to an- other within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was re- moved within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall ap- pear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith com- sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician fur- nishing the cause of death shall thereafter furnish for registration any other necessary information which can be obtained after the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TER- CENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as may be supposed to have died by violence. . . . (GEN. LAWS, CHAP. 46, SEC. 6.)

He shall in all cases certify that the town clerk or registrar in the place where the deceased died has his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the ob- service of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septi- cemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, and the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.



(Registrar)





PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

173

No. Winthrop Community Hosp.

Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

(Baby Girl) Savino  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 56 Edgell Rd

(Usual place of abode)

St. Ward, Winthrop  
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U.S., if of foreign birth?

years

months

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE  
MARRIED  
WIDOWED  
or DIVORCED

(write the word)

Female White

6a If married, widowed, or divorced  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE.....Years.....Months.....Days

If less than 1 day

2 Hours 10 Minutes

OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10 Date deceased last worked at  
this occupation (month and  
year)11 Total time (years)  
spent in this  
occupation12 BIRTHPLACE (City)  
(State or country)Winthrop  
Mass.13 NAME OF  
FATHER

Julius Savino

14 BIRTHPLACE OF  
FATHER (City)  
(State or country)Boston  
Mass.15 MAIDEN NAME  
OF MOTHER

Ida Spracklin

16 BIRTHPLACE OF  
MOTHER (City)  
(State or country)Chelsea  
Boston Mass.

17

Informant  
(Address)Julius Savino  
56 Edgell Rd, Winthrop

Relation, if any

(father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATHSeptember 8, 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

September 8, 1938, to September 8, 1938

I last saw him alive on Sept 8, 1938, death is said

to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance in order of onset  
were as follows:

Prematurity (7 mos)

Date of Onset  
IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Harold Musgrave, M.D.  
(Address) 675 Beacon St, Boston, Sept 9, 1938

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 9, 1938

22 NAME OF  
UNDERTAKER

ADDRESS 151 Washington Ave, Chelsea

Received and filed..... 19.....

SEP 15 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various persons can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report it the occupation prior to retirement. Children not regularly employed may be returned as AT SCHOOL, or AT HOME. For a housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINSTER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer." Upon a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication, which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
.....	1915
<i>Arteriosclerosis</i>	1921
<i>Chronic interstitial nephritis</i>	
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause may in the above example happens to be the second cause given.

**Physician.**—The death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician, or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent authorized to issue such permits, issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as provided by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required by the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death, defined as above provided, and in the possession of the undertaker, pending the removal, shall constitute a permit for such removal; provided, that such body shall be returned to the place from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the local bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—Chap. 114, Sec. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by trauma (including resulting scorching, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **diseases resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.



tion should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 '36 No. 9080 F

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 174

No. Winthrop Memorial Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Kelley  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran specify WAR)

(a) Residence. No. 130 Bellingham Ave. Revere Ward. 1  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

18 DATE OF DEATH September 8 1938  
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

19 I HEREBY CERTIFY That I attended deceased from Sept 8 1938 to Sept 8 1938

(or) WIFE of (Husband's name in full)

I last saw h. in alive on Sept 8 1938 death is said to have occurred on the date stated above, at 8:30 A.M.

6 IF STILLBORN, enter that fact here. Stillborn

The principal cause of death and related causes of importance in order of onset were as follows:

7 AGE Years Months Days If less than 1 day Hours Minutes

Stillborn - Date of Onset IMPORTANT 9/8/38

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10 Date deceased last worked at this occupation (month and year)  
11 Total time (years) spent in this occupation

Contributory causes of importance not related to principal cause: No sign of intra uterine life after Sept 4-1938

12 BIRTHPLACE (City) Winthrop Winthrop (State or country) Mass

13 NAME OF FATHER Thomas A. Kelley

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER Ethel Brown

16 BIRTHPLACE OF MOTHER Chelsea (State or country) Mass

17 Informant Thomas Kelley (Address) 130 Bellingham Ave. Revere Relation, if any (Father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filled with me BEFORE the hospital or transit permit was issued:

20 Was disease or Injury in any way related to occupation of deceased? No

If so, specify John F. Collins M.D. (Signed) (Address) 732 Broadway Date Sept 11 1938

21 Woodlawn Everett Mass Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept 13 1938

22 NAME OF UNDERTAKER Michael J. Paparella ADDRESS 10 No. Bennett St. Boston Mass

Received and filed. 19

SEP 15 1938

(Registrar)

(Official Designation) H.A. (Date of Issue of Permit) Sept 12/38

(Signature of Agent of Board of Health or other) Wm D. Childers





information should be carefully supplied. AGE should be stated. Exact statement of OCCUPATION  
CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

1 PLACE OF DEATH { Suffolk (County)  
Winthrop (City or Town)  
No. Winthrop Community Hospital St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 945

2 FULL NAME Annie Frances (Ryder) Chapple  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)

(a) Residence. No. 29 Jefferson St. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 6 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Joe Mitchell Chapple (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years 11 Months 8 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year) July 1938 11 Total time (years) spent in this occupation 51

12 BIRTHPLACE (City) Polo, Lee County (State or country) Illinois

13 NAME OF FATHER Elisha Ryder

14 BIRTHPLACE OF FATHER (City) Chatham (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Margaret Harding

16 BIRTHPLACE OF MOTHER (City) Chatham (State or country) Massachusetts

17 Informant (Address) Joe Mitchell Chapple husband, 29 Jefferson St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Chidney (Signature of Agent of Board of Health or other)

Agent (Official Designation) Sept. 10/38 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 9 38 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from July 12, 1938, to Sept 9, 1938

I last saw her alive on Sept 9, 1938, death is said

to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Central Haemorrhage July 12

Date of Onset  
IMPORTANT

Contributory causes of importance not related to principal cause:

Edema of Lungs Sept 6

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Chidney, M. D.

(Address) Winthrop Mass Date 9/10/38

21 PLACE OF BURIAL CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL September 11 1938

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed SEP 15 1938 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *Housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "industrious," but give the exact occupation, as *carpenter*, *painter*, *wood finisher*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1919
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and so that in a group, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall advise the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove the same from a town which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker, nor from other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave to another, unless he has received a permit from the board of health or its agent. A special permit shall be issued until there shall have been delivered to each board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **176**

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)  
No. 335 Winthrop



St. Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Hannah Marilla (Belcher) Freeman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran,  
specify WAR)

(a) Residence. No. 335 Winthrop

(Usual place of abode)

St. Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Edward Sidney Freeman

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 81 Years 4 Months 14 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home  
10 Date deceased last worked at this occupation (month and year) Aug. 1937 11 Total time (years) spent in this occupation 60

12 BIRTHPLACE (City) Boston (State or country) Massachusetts

13 NAME OF FATHER David Belcher

14 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Hannah Floyd

16 BIRTHPLACE OF MOTHER (City) Revere (State or country) Massachusetts

17 Informant Chester Freeman (Address) 335 Winthrop St. Winthrop Mass Relation, if any (son)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. Stebbins  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Sept 10 1938

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH Sept. 10 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1938, to Sept. 10, 1938

I last saw him alive on Sept. 6, 1938, death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cancer of Uterus

Date of Onset  
(IMPORTANT)

Unknown

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? Clinical signs Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Emma E. Boren M. D.

(Address) 290 Summer St. Boston Date Sept 10 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop  
(Cemetery) (City or town)

DATE OF BURIAL September 12 1938

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed. SEP 15 1938 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *picnic family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication, which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
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In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....

*Gen. Laws, Chap. 46, Sec. 9.*

**Undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician any other necessary information which can be furnished for registration certifying the cause of death shall thereupon be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).***

*(Tercentenary Edition).*

**Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....** *Gen. Laws, Chap. 38, Sec. 6.*  
 He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 40, G. L., (Tercentenary Edition).*

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including falling, lightning, electrical) and by the action of chemical (gases or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



PLACE OF DEATH

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**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write to housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "labored" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Chronic hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith attend the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original and not a duplicate, by a certificate of the attending physician, if any, secured by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, then, for sufficient reasons, his certificate cannot be obtained fairly and enough for the purpose, or is insufficient, a physician shall be called upon for the purpose, or if employed by him or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate as may be required. If such a permit for the removal of a human body, not previously cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker removing to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit is moved in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a racial designation by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any way in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)**

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.  
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemicals (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**



100m 11 46 No 9080 F  
in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 173

1 No. Community Hosp. St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Slaney { (If U. S. War Veteran specify WAR)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 117 St Andrews Road Ward. (If nonresident, give city or town and state)

Usual place of abode

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED single (write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

8 IF STILLBORN, enter that fact here. ✓

7 AGE Years Months Days If less than 1 day 7 Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

13 NAME OF FATHER William E. Slaney

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Estelle G. Kirby

16 BIRTHPLACE OF MOTHER (City) Winthrop (State or country) Mass.

17 Informant (Address) William Slaney (father) 117 St Andrews Rd. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 14 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 14 1938, to Sept 14 1938. I last saw him alive on Sept 14 1938, death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Placental death (7 months)

Contributory causes of importance not related to principal cause: Placental praevia

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Date 9-15 1938, M. D.

21 Winthrop Cemetery Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Sept 22 1938

22 NAME OF UNDERTAKER Maurice Kirby ADDRESS 178 Bennington St. E. Boston

Received and filed Oct 1 1938 (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not rationally employed may be returned as at school, or at home. For a woman whose only occupation was that of housework, write HOUSEWORK. For a person engaged in domestic service for wages, Question 8. For a person engaged in the occupation by the appropriate terms, as HOUSEKEEPER-PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINSTER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Discussing carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINEING, ELECTRIC, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Atrial fibrillation</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered nurse** from whom he has attended during his life, after the death of a person, if an undertaker or other authorized person or of a member of the family of the deceased, furnish last illness, at the time of an examination of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sup- posed age, the disease of which he died, denied as required by section 46e, here same was contracted, the duration of his last illness, the last seen alive by the physician or officer and the date of his death. GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been obtained hereunder. If the death certificate of the deceased, as required by section ten of chapter forty-six of the United States, served in the army, navy or marine corps, of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. CHAP. 114, SEC. 45. G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence. GEN. LAWS, CHAP. 38, SEC. 6. The shall, in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. CHAP. 114, SEC. 46. G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septice- mia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead,**



in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 '46 No 9080 F

301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filled for burial permit  
with Board of Health  
or its Agent.

Registered No. 179

No. Community Hospital St. Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

Adelaide Cantwell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

specify WAR)

(a) Residence. No. 997 Shirley St. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) widowed

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Frank Cantwell (Husband's name in full)

6 IF STILLBORN enter that fact here.

7 AGE 71 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home  
10 Date deceased last worked at this occupation (month and year) 1938 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston Mass (State or country)

13 NAME OF FATHER Dennis A. McCloskey

14 BIRTHPLACE OF FATHER (City) unknown N.B. (State or country)

15 MAIDEN NAME OF MOTHER Matilda L. unknown

16 BIRTHPLACE OF MOTHER (City) Salem Mass (State or country)

17 Informant Howard A. Chipman (Nephew) (Address) 205 Tremont St Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers (Signature of Agent of Board of Health or other)

(Official Designation)

Sept 15/38 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 15 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from September 9, 1938 to September 19, 38

I last saw her alive on September 14, 1938, death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Coronary thrombosis Sept 9/38

Contributory causes of importance not related to principal cause:

Arteriosclerosis 1937

Name of operation none Date of What test confirmed diagnosis physical x-ray. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jacob Abrams M. D. (Address) 562 Shirley St Date Sept 15, 1938

21 Forest Hills Crematory (City or Town)

Place of Burial, Cremation or Removal Sept 17 1938

22 NAME OF UNDERTAKER J. J. Hakeman & Co.

ADDRESS Boston

Received and filed SEP 22 1938 19

(Registrar)





100m 11 '36. No. 9080 F  
in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCURRENCE are very important. See instructions and extracts from the laws on back of certificate.

01A

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



STANDARD  
CERTIFICATE OF DEATH

Registered No. 180

1

No. Winthrop Community Hospital St. 1 Ward 1  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Crotty  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 51 Eutaw St. 1 Ward East Boston  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred — years — months — days. How long in U.S., if of foreign birth? — years — months — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OF RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)  
6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)  
6 IF STILLBORN, enter that fact here. Stillborn  
7 AGE — Years — Months — Days If less than 1 day — Hours — Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 10 Date deceased last worked at this occupation (month and year) — 11 Total time (years) spent in this occupation —

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

13 NAME OF FATHER Andrew J. Crotty

14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Evelyn M. Mullen

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass.

17 Informant (Address) Andrew J. Crotty (father) 51 Eutaw St., Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. A. Delaney  
(Signature of Agent of Board of Health or other)

No. 11 Sept 16/38  
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 15 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19, death is said to have occurred on the date stated above, at G.P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Still Born  
Stillborn

Date of Onset  
IMPORTANT  
9/15/38

Contributory causes of importance not related to principal cause:

Name of operation — Date of —  
What test confirmed diagnosis? — Was there an autopsy? —

20 Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Thos. O. Regan M.D.

(Address) 670 Beacon St. Boston Date 9/16 1938

21 St. Michael's, Boston  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 19 1938

22 NAME OF UNDERTAKER M. J. Kelly

ADDRESS 11 Merchman St., E. B.

Received and filed. 19

SEP 22 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation is that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying. E. G., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name any other morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes of importance not related to principal cause:</b>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall, upon death, after the death of a person whom he has attended during his illness, or of any member of the family of the deceased, furnish person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 114, SEC. 9

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker, nor any other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent above said, or from the clerk of the town where said body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts accompanied in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, he, if employed by a physician who is a member of the board of health, is sufficient, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall issue such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—(CHAP. 114, SEC. 45, G. L. (PERCENTENARY EDITION).)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. If he shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (PERCENTENARY EDITION).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury or death only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include, but not only deaths caused directly or indirectly by mechanical (falls or blows), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury of infection related to occupation, and the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.





The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 181

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)  
No. 33 Hermon St.,          Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME George Charles Edwards { (If U. S.  
(If deceased is a married, widowed or divorced woman, give also maiden name.) War Veteran,  
specify WAR)         

(a) Residence. No. 33 Hermon St.,          Ward,          (If nonresident, give city or town and state)  
(Usual place of abode)  
Length of residence in city or town where death occurred 40 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)  
MARRIED Widowed  
WIDOWED Widowed  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of Mary Elizabeth Roberts  
(Give maiden name of wife in full)  
(or) WIFE of           
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 86 Years 8 Months          Days          If less than 1 day  
Hours          Minutes         

OCCUPATION 8 Trade, profession, or particular  
kind of work done, as spinner, Master painter  
sawyer, bookkeeper, etc.  
9 Industry or business in which  
work was done, as silk mill, Buildings  
saw mill, bank, etc.  
10 Date deceased last worked at  
this occupation (month and 1920 11 Total time (years)  
year) spent in this 50  
occupation

12 BIRTHPLACE (City) Kent  
(State or country) England

13 NAME OF FATHER William G. Edwards

14 BIRTHPLACE OF FATHER (City) England  
(State or country)

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Unable to obtain  
(State or country)

17 Informant Hosace Edwards (Relation, if any) Son  
(Address) 35 Hermon St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 9/20/38

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 17, 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from  
Sept. 12, 1938 to Sept. 17, 1938  
I last saw          alive on Sept. 17, 1938, death is said  
to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance in order of onset  
were as follows:

arteriosclerosis  
chronic nephritis  
anemia  
Date of Onset  
1925  
1934  
Sept. 13, 1938

Contributory causes of importance not related to principal cause:

acute cystitis Sept. 12, 1938  
Hypostatic Pneumonia Sept. 15, 1938

Name of operation None Date of           
What test confirmed diagnosis clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Syphilis, Dickenson M. D.  
(Signed) Winthrop, Mass (Address)          Date 9/19, 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop  
(Cemetery) (City or town)

DATE OF BURIAL September 20 1938

22 NAME OF UNDERTAKER Charles R. Kennison

ADDRESS Winthrop Mass

Received and filed SEP 22 1938 19        

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured, Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells foods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, as heart failure, apoplexy, asthma, etc. As principal cause, name the disease causing death. As related causes, name earlier child conditions, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....  
*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If from a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, (Trenchard's Edition.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....  
*Gen. Laws, Chap. 38, Sec. 6.*  
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....  
*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or of the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or from the medical examiner, if to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....  
*Chap. 114, Sec. 46, G. L., (Trenchard's Edition.)*

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupational accidents, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



1

PLACE OF DEATH

Suffolk  
(County)Brookline  
(City or Town)

No. 42 Ocean Ave.,

St.,

Ward

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

Registered No. 182

2 FULL NAME Paul M. Pekler

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 42 Ocean Ave.,  
(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced HUSBAND of Dorothy A. Ross  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 59 Years 6 Months 25 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eng. Waste Co.  
10 Date deceased last worked at this occupation (month and year) July 1938 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) (State or country) Germany.

13 NAME OF FATHER Cannot be obtained Pekler

14 BIRTHPLACE OF FATHER (City) (State or country) Germany.

15 MAIDEN NAME OF MOTHER Cannot be obtained

16 BIRTHPLACE OF MOTHER (City) (State or country) Germany.

17 Informant Dorothy R. Pekler (relation, if any) (Address) 42 Ocean Ave., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other  
(Official Designation) (Date of Issue of Permit) 9/19/38The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 17 1938  
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from June 20, 1938 to September 17, 1938  
last saw him alive on September 17, 1938, death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Primary  
ThrombosisDate of Onset  
IMPORTANTSept 17  
1938

Contributory causes of importance not related to principal cause:

Angina Pectoris

June  
1938

Name of operation none Date of What test confirmed diagnosis Clinical Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Jacob S. Shulman M. D. (Address) 362 Huntington Ave. Date Sept 17, 1938

21 Forest Hills Crematory-Boston  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept. 20 1938

22 NAME OF UNDERTAKER Eastman Funeral Service

ADDRESS 896 Beacon St., Boston, Mass.

Received and filed. 19

SEP 22 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not ramily employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write Question 9, "For a person engaged in domestic service for wages, Question 9, "For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STEAMBOAT ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death, as related to the principal cause and any morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**RETURN OF CERTIFICATE OF DEATH.**—The medical officer shall forthwith, after the death of a person who has been attended during his last illness, at the request of the undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease and of which he died, defined as required by this section, one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there be no such board, from the clerk of the town where the person body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retical as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify that the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance of whose physician is absent from home when the occurrence of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, electrical agents, and deaths following abortion, but also deaths **the sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.



information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34. No. 2938-g

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial  
permit with Board of  
Health or its Agent.

Registered No. 103

1 PLACE OF DEATH  
Jaffrey  
(County)  
Northampton  
(City or Town)  
No. 20 Belcher St  
St. (City or Town)



Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine A. CUNNING  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 20 Belcher St Northampton Ward,  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) South Boston (State or country) Mass

13 NAME OF FATHER Peter O'Brien

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Ann McKenna

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant (Address) A. O'Connell (Daughter) 20 Belcher St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other Health Officer (Official Designation) Date of Issue of Permit 9/19/38

18 DATE OF DEATH Sept - 17 - 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

chronic myocardiitis  
senility  
Fractured Right Femur  
fell accidentally in her home  
on Sept-10-1938

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Northampton  
(Signed) J. F. O'Malley, M. D.  
(Address) 20 Belcher St Date Sept-18-1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Northampton (Cemetery) (City or town)

DATE OF BURIAL Sept 20 1938

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS

Received and filed 19

SEP 22 1938 (Registrar)

**EXTRACTS**  
**FROM THE LAWS OF THE**  
**COMMONWEALTH OF MASSACHUSETTS**  
**GOVERNING THE**  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

**RULES OF PRACTICE**

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**STATEMENT OF CAUSE OF DEATH**

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)**

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 36, No. 9080 F

PLACE OF DEATH

1

Suffolk  
(County)  
Winthrop  
(City or Town)

2 FULL NAME

Philip H. Lavien  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

28-Thomnton Pk.  
(Usual place of abode)

Length of residence in city or town where death occurred

18 years

months

days

How long in U.S., if of foreign birth?

50 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE  
MARRIED  
WIDOWED  
or DIVORCED

(write the word)  
Married

6a If married, widowed, or divorced  
HUSBAND of

Rebecca Mandelson  
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

8 IF STILLBORN, enter that fact here.

7 AGE

64

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

3 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Wholesale

8 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Grocer

10 Date deceased last worked at this occupation (month and year)

1938

11 Total time (years) spent in this occupation

40 yrs

12 BIRTHPLACE (City)  
(State or country)

Russia

PARENTS

13 NAME OF FATHER

Harris Lavien

14 BIRTHPLACE OF FATHER (City)  
(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Hannah Greenfield

16 BIRTHPLACE OF MOTHER (City)  
(State or country)

Russia

17 Informant  
(Address)

Dan Lavien  
28-Thomnton Pk.  
(Address)

Relation, if any

(Son)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Wm. S. Chidress  
(Signature of Agent of Board of Health or other)  
Health Officer  
(Official Designation)  
9/18/38  
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept 15 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 18 1938, to Sept 18 1938

I last saw h. — alive on Sept 18 1938, death is said to have occurred on the date stated above, at 4:30 A.M.  
The principal causa of death and related causes of Importance in order of onset were as follows:

Natural Cause  
Acute dilatation of Heart  
Sept 15/38  
Contributory causes of Importance not related to principal cause:  
Paraly. Hypertension  
1934  
Name of operation

None

Date of

What test confirmed diagnosis

Obstruction

Was there an autopsy

Yes

20 Was disease or injury in any way related to occupation of deceased?

No

If so, specify

R. B. Parker

(Signed)

Wm. S. Chidress

(Address)

Winthrop Board of Health

Date

Sept 18 1938

M. D.

21

Place of Burial, Cremation or Removal

Winthrop C. Bur. & Crem.

(City or Town)

DATE OF BURIAL

Sept 18 1938

22 NAME OF UNDERTAKER

Wm. S. Chidress

ADDRESS

10 West St. Winthrop

Recalvad and filed

1938

SEP 22 1938

(Registrar)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.  
Registered No. 184

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to (Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPRINGER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Corbital hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**RETURN OF CERTIFICATE OF DEATH.**—A physician or registered hospital medical officer shall forthwith, after the death of a person, if he has attended during his life, or if he has been called in to attend, or if he has attended during his last illness, at the request of the family of the deceased, or other authorized person or of any medical officer, furnish a certificate of death, stating to the best of his knowledge and belief the name of the deceased, his sup- posed age, the disease of which he died, defined as required by section one, the date and time of death, the duration of his last illness, and, last, seen alive by the physician or officer and the date of his death.

GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as re- quired by law, or in lieu thereof a certificate as hereinafter pro- vided. If there is no attending physician, or if, for sufficient rea- sons, his certificate cannot be obtained early enough for the pur- pose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attend- ing physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to an- other within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was re- moved within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall ap- pear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter- sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician cer- tifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TER- CENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—TEX. LAWS, CHAP. 38, SEC. 6.

He shall in all cases, except as provided in this section, be called in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the ob- servance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septi- cemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.





## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

RUTLAND

(City or town making return)

Registered No. 141

PLACE OF DEATH

WORCESTER  
(County)

RUTLAND

(City or Town)

No. Rutland State Sanatorium St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Sylvester Hewitt  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.  
War Veteran,  
specify WAR)

185

(a) Residence. No. 36 Prospect St., Ward, Winthrop, Mass.  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 0 days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 58 Years 7 Months 13 Days If less than 1 day  
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Mass.

13 NAME OF FATHER John Hewitt

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Mary Brown

16 BIRTHPLACE OF MOTHER (City) St. John (State or country) New Brunswick

17 Informant State Sanatorium Records (Address) Rutland, Mass.

A TRUE COPY.

ATTEST: Frances P. Stauff  
(Registrar of city or town where death occurred)

DATE FILED September 21, 1938 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 20, 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 20, 1937, to September 20, 1938

I last saw him alive on September 20, 1938 death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Bilateral pulmonary tuberculosis March 1937

Contributory causes of importance not related to principal cause:

None

Name of operation Microscopical Date of What test confirmed diagnosis? Yes Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Armand Laroche (Signed) Rutland State San. Date 9/21 1938 (Address)

21 PLACE OF BURIAL, Holy Cross, Allen, Mass. CREMATION OR REMOVAL (Cemetery) (City or town) Sept 23, 1938

DATE OF BURIAL 19

22 NAME OF UNDERTAKER R. C. Kirby ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)





PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

186

Registered No. ....

No. 115 Cottage Park Road St. .... Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

Gertrude G. Killilea

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran  
specify WAR) .....

(a) Residence. No.

115 Cottage Park Road

St. ....

Ward, ....

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred / years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)

Female White MARRIED  
WIDOWED  
or DIVORCED married

6a If married, widowed, or divorced

HUSBAND of .....  
(Give maiden name of wife in full)(or) WIFE of Martin K. Killilea  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 45 Years ..... Months ..... Days .....  
If less than 1 day  
Hours ..... Minutes

OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

St. Louis

10 Date deceased last worked at  
this occupation (month and  
year) May 193811 Total time (years)  
spent in this  
occupation 44 years12 BIRTHPLACE (City) Cambridge  
(State or country) Mass13 NAME OF  
FATHER Richard Gabriel14 BIRTHPLACE OF  
FATHER (City) Cambridge  
(State or country) Mass15 MAIDEN NAME  
OF MOTHER Mary Joyce16 BIRTHPLACE OF  
MOTHER (City) Winthrop  
(State or country) Mass17 Informant (Address) Martin K. Killilea  
(Address) 115 Cottage Park Road Winthrop  
(Address) Winthrop

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other

Health Officer (Date of Issue of Permit) 9/26/38

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATH 9 25 38  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

9/11, 1938, to 9-25, 1938I last saw her alive on 9-25, 1938, death is saidto have occurred on the date stated above, at 8:00 p.m.The principal cause of death and related causes of importance in order of onset  
were as follows:Coronary Heart Disease

Date of Onset

IMPORTANT

9/11/38

Contributory causes of importance not related to principal cause:

Hypertension  
Chronic NephritisName of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no20 Was disease or injury in any way related to occupation of deceased? noIf so, specify none(Signed) Wm. D. Killilea M. D.(Address) Winthrop Date 9/25/3821 Winthrop Burial  
Place of Burial, Cremation or Removal (City or Town)DATE OF BURIAL Sept 25 193822 NAME OF  
UNDERTAKER John F. DonahueADDRESS 100 Pearl St. Cambridge MassReceived and filed 9/26/38 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person engaged 10 years or over. If the occupation had been given up, changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes of importance not related to principal cause:</b>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical attendant** during his will, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, the best for registration a standard certificate of death, stating the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the cause as ascertained by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a cemetery, or remove therefrom a human body which has been buried until he has received a permit from the officer of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, shall make such certificate. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker during removal, shall be removed and shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been secured and obtained hereunder. If the death certificate contains a statement as required by section ten of chapter forty-six of the General Laws as served in the army, navy or marine corps, such certificate shall appear in any war in which it has been engaged, or its agent, upon receipt of such statement, shall forward the certificate, with counter-sign if and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the attending registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable or indirectly by injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



SUFFOLK

(County)

WINTHROP

(City or Town)

No. Station Hospital, Fort Banks, Las. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 2600

2 FULL NAME JOHN J. MCHUGH

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 27 Empire

(Usual place of abode)

St., Lynn, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yes. 14 mos.

days. How long in U. S., if of foreign birth?

— yrs. — mos. — days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)
Male	White	Single	

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 29 Years 2 Months 6 Days (If less than 1 day Hours Minutes)

OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	CCC
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	CCC
	10 Date deceased last worked at this occupation (month and year)	1937

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Lynn Mass.

13 NAME OF FATHER Thomas McHugh

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Catherine Barry

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Registrar, Sta. Hosp. Ft. Banks, Mass. (Address)

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 28 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 22, 1937, to Sept. 28, 1938

I last saw him alive on Sept. 28, 1938, death is said to have occurred on the date stated above, at 2:10 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Adenocarcinoma, posterior wall of rectum, time and cause undetermined

Date of Onset

Unknown

Contributory causes of importance not related to principal cause:

Garcinomatosis, generalized 6/30/38

Name of operation: Excision of Date of Sept. 12/37 What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Charles H. MacFarland (Signed) (Address) 100m-12-34, No. 2938-e Date Sept. 19, 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Lynn (Cemetery) (City or town)

DATE OF BURIAL Sept. 30, 1938

22 NAME OF UNDERTAKER Garrett J. Wall

ADDRESS 14 So. Common St., Lynn

Received and filed Oct 1 1938 19

A TRUE COPY, ATTEST:

(Registrar)

1915

100

...if ...

...,,  
d  
of  
dd

...,,  
d  
of  
dd

... ..

[illegible]

... ..

... ..

[illegible]

... ..



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial  
permit with Board of  
Health or its Agent.

Registered No. 188

1 PLACE OF DEATH  
Suffolk (County)  
Winthrop (City or Town)  
No. 21 Temple Ave



St. Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Frances Agnes Doane  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran,  
specify WAR)

(a) Residence. No. 21 Temple Ave Winthrop St. Ward,  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W. 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of Benjamin Stanwood Doane  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 55 Years 2 Months 2 Days If less than 1 day  
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year) Sept. 1938 11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER Unable to obtain

14 BIRTHPLACE OF FATHER (City) (State or country) Unable to obtain

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) (State or country) Unable to obtain

17 Informant Marjorie Doane daughter  
(Address) 21 Temple Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent at Board of Health or other Health Officer  
(Official Designation) (Date of Issue of Permit) 9/30/38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept-28-1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

acute cardiac failure  
probably coronary sclerosis  
fibrillar arterio sclerosis  
Found dead on her bed room floor

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?  
(Signed) J. M. Bickley, M. D.  
(Address) Boston Date Sept-28-1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop  
(Cemetery) (City or town)

DATE OF BURIAL October 1, 1938

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 1938 19

(Registrar)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

**DESCRIPTION (for unknown person)**

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

**RULES OF PRACTICE**

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

**STATEMENT OF CAUSE OF DEATH**

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



PLACE OF DEATH  
1 { Suffolk  
(County)  
Winthrop  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 189

No. 110 Summit Ave. St. Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Gertrude Beckham  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 110 Summit Ave. St. Ward.  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 years months days. How long in U.S., if of foreign birth? 48 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

6a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of David Beckham  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days If less than 1 day  
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10 Date deceased last worked at this occupation (month and year) Sept 1935 11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) Charlotte Town  
(State or country) P. E. I.

13 NAME OF FATHER James Mead

14 BIRTHPLACE OF FATHER (City) Charlotte Town  
(State or country) P. E. I.

15 MAIDEN NAME OF MOTHER Larinia Crozier

16 BIRTHPLACE OF MOTHER (City) Charlotte Town  
(State or country) P. E. I.

17 Informant Mrs Gertrude Crosby (Daughter)  
(Address) 157 Bartlett Rd Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health (Official Designation) Health Officer (Date of Issue of Permit) 10/11/38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 30 1935  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from  
19 to 19

I last saw him alive on 19, death is said to have occurred on the date stated above, at 6:10 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural causes Probably  
Acute Cardiac Dilatation Sept 30/35

Contributory causes of importance not related to principal cause:

Name of operation None Date of What test confirmed diagnosis? Histology Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify Pyrexia B. P. (Signed) M. D.  
(Address) Winthrop Board of Health Date Oct 1 1935

21 Place of Burial, Creation or Removal Winthrop Winthrop  
(City or Town)  
DATE OF BURIAL Oct 2 1935

22 NAME OF UNDERTAKER Metropolitan Funeral Service  
P. C. Kelly  
ADDRESS 1645 Commonwealth Ave Boston

Received and filed 19

OCT 3 1935

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashtemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, denoted as required by the instructions, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove the same, or otherwise dispose of a human body in a town, until he has received a permit from the board of health or its agent affixed to the certificate of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any; as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously received, from one town to another within the commonwealth cannot be obtained early enough and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been so obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.  
....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons from whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

**Medical Examiners** will investigate and certify to all deaths **unsuspected due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



1

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)

No.

Winthrop Community Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 190

2 FULL NAME

Caroline V. (Mc Bazzaniga) Wallace

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

specify WAR)

(a) Residence. No. 1130 Bennington

(Usual place of abode)

St. EB

Ward, 1

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 years months days.

How long in U.S., if of foreign birth? 25 years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED  
WIDOWED  
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give married name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 34<sup>(37)</sup> Years 10 Months 11 Days If less than 1 day

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10 Date deceased last worked at this occupation (month and year)

Sept 27 1938

11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City)

(State or country)

Monza Italy

13 NAME OF FATHER

Angelo Bazzaniga

14 BIRTHPLACE OF FATHER (City)

(State or country)

Monza Italy

15 MAIDEN NAME OF MOTHER

Pamella Bianchi

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Monza Italy

PARENTS

17

Informant (Address)

John Wallace (Husband)  
1130 Bennington St. EB

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept 30 1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Sept 28 1938 to Sept 30 1938

I last saw him alive on Sept 30 1938, death is said

to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Eureloisim  
Pulmonary edemaDate of Onset  
IMPORTANT

Contributory causes of importance not related to principal cause:

Miscarriage &  
severe hemorrhage  
severe

Name of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph H. Vanecko

(Address)

520 Cony St

Date 9/30 1938

21 Holy Cross State Mortuary

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

Oct 3

1938

22 NAME OF UNDERTAKER

Michael J. Bazzaniga

ADDRESS

271 Saratoga St. EB

Received and filed

OCT 3 1938

19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make space in this section for every person aged 10 years and over. If the occupation had been given up or changed 10 years ago, because of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, specify the occupation prior to retirement. Children not actually employed may be returned as at school or at home. For example, if a person whose only occupation was that of home housework, write "housework" in answer to Question 8 and "own home" in answer to Question 9. For a person engaged in domestic service for wages, as housekeeper, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.



PLACE OF DEATH  
1{ SUFFOLK  
County  
BOSTONThe Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 7325

No. Palmer Memorial Hosp St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Virginia Rohman  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. 144 Circuit Rd St., Ward, Winthrop  
(Usual place of abode) (If nonresident, give city or town and state)  
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Div (write the word)

5a If married, widowed, or divorced

HUSBAND of Horatio W Rohman (Give maiden name if not full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 39 Years 5 Months 25 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Radio Store 10 Date deceased last worked 12/37 this occupation (month and year) 11 Total time (years) 5 spent in this occupation

12 BIRTHPLACE (City) Beverly (State or country)

13 NAME OF FATHER Clarence N Mundy

14 BIRTHPLACE OF FATHER (City) Plainfield N J (State or country)

15 MAIDEN NAME OF MOTHER Sarah E Addis

16 BIRTHPLACE OF MOTHER (City) Plainfield N J (State or country)

17 Informant mother (Address)

A TRUE COPY. James A. Burke  
ATTEST: (Registrar of city or town where death occurred)  
9/7/38

DATE FILED 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 7/38 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

9/1/38, 19, to 9/3/38, 19

I last saw him alive on 9/3/38, 19, death is said to have occurred on the date stated above, at 11:45a m.

The principal cause of death and related causes of importance in order of onset were as follows:

carcinoma of cervix

Date of onset 8/87

Contributory causes of importance not related to principal cause:

pyelonephrosis

secondary anemia

8/33

Name of operation hysterectomy 12/14/37  
radiation rx

Date of 1/20/38

What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C L Swan, Jr M. D.

(Address) 264 Beacon St Date 9/3 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL 9/6/38 19

22 NAME OF UNDERTAKER C RBennison

ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



OCT 22 1938 AM



OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

Scituate

(City or town making return)

Registered No. 31

PLACE OF DEATH

Plymouth  
(County)Scituate  
(City or Town)

No. Off Gannett Street St., Ward

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

Edward R. Clarke

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 115 Lowell Road

St., Ward, Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of Belle F. Mott

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 58 Years 4 Months 17 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Superintendent

9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

Public Schools

10 Date deceased last worked at  
this occupation (month and  
year)

Oct. 1938

11 Total time (years)  
spent in this  
occupation 11

12 BIRTHPLACE (City)

Naples

(State or country)

New York

13 NAME OF  
FATHER

Edmund C. Clarke

14 BIRTHPLACE OF  
FATHER (City)

Naples

(State or country)

New York

15 MAIDEN NAME  
OF MOTHER

Caroline Richards

16 BIRTHPLACE OF  
MOTHER (City)

New York

(State or country)

17

Mrs. Edward R. Clarke (Wife)

Informant  
(Address)

North Scituate, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

November 4

1938

18 DATE OF  
DEATH

October

15

1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death  
of the person above-named and that the CAUSE AND MANNER thereof are  
as follows: (If an injury was involved, state fully)

Drowning (Suicide)

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

Suicide or

Suicide

Date of injury 19

Homicide?

Where did

injury occur?

(City or town and State)

Manner of

Injury

Nature of

Injury

21 Was disease or injury in any way related to occupation of deceased? No

If so, specify

T. E. Alexander

(Signed)

Scituate, Mass.

Date 10/16/38

(Address)

Date

22 PLACE OF BURIAL,  
CREMATION OR REMOVAL

Groveland

Scituate

(Cemetery)

(City or town)

DATE OF BURIAL

October

17

1938

23 NAME OF  
UNDERTAKER

Ernest H. Sparrell

ADDRESS

Norwell, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



NOV-5 1938 AM





The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

BROOKLINE

(City or town making return)

PLACE OF DEATH

NORFOLK

(County)

BROOKLINE

(City or Town)

No. TRUMBULL HOSPITAL

St.,

Ward {

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

Registered No. 477

2 FULL NAME AGNES F. FURBISH

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)

193

(a) Residence. No. 51 BUCHANAN

(Usual place of abode)

St., Ward, WINTHROP, MASS.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Chester Furbish

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 42

Years

10

Months

22

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

At home

10 Date deceased last worked at  
this occupation (month and  
year)11 Total time (years)  
spent in this  
occupation

12 BIRTHPLACE (City)

Revere

(State or country)

Mass.

13 NAME OF  
FATHER

Louis McKenzie

14 BIRTHPLACE OF  
FATHER (City)

Portland

(State or country)

Maine

15 MAIDEN NAME  
OF MOTHER

Ella May Benjamin

16 BIRTHPLACE OF  
MOTHER (City)

Nova Scotia

(State or country)

17

Informant

Chester Furbish

(Husband)

(Address)

51 Buchanan St., Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

October 29,

19 38

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

October

28

1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

October 20, 1938, to October 28, 1938.

I last saw her alive on October 28, 1938, death is said

to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance in order of  
onset were as follows:

Osteomyelitis - femur - left

Date of onset

Staphylococcus septicaemia

Oct. 1938

Contributory causes of importance not related to principal cause:

Name of operation Osteotomy

Date of 10/22/38

What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) N. Brooks Morrison

M. D.

(Address) 126 Harvard St. Brkln. Date 10/28/1938

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Winthrop,

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

October 30

19 38

22 NAME OF  
UNDERTAKER

R. H. White

ADDRESS

Winthrop

Received and filed

19

(Registrar of City or Town where deceased resided)

RECEIVED



NOV-4 1938 AM



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

1 PLACE OF DEATH  
Suffolk (County)  
Winthrop (City or Town)  
No. Winthrop Community Hospital St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 191

2 FULL NAME Walborg Olivia (Svensson) Peterson  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)

(a) Residence. No. 51 Birch Road 38 Ward,  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)  
Female White MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Carl Gustave Adolph Peterson  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years 8 Months 23 Days If less than 1 day  
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Masseuse  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homes of patients  
10 Date deceased last worked at this occupation (month and year) Sept. 1938 11 Total time (years) spent in this occupation 18

12 BIRTHPLACE (City) Stockholm  
(State or country) Sweden

13 NAME OF FATHER Jonas Svensson

14 BIRTHPLACE OF FATHER (City) Stockholm  
(State or country) Sweden

15 MAIDEN NAME OF MOTHER Johanna Christina Alm

16 BIRTHPLACE OF MOTHER (City) Sweden  
(State or country)

17 Informant Mrs. Anna O. Nylin (Relation, if any) neice  
(Address) 90 Winchester St Brookline

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)  
Health Officer 10/5/38  
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 3 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from October 1, 1938 to October 3, 1938  
I last saw her alive on October 2, 1938, death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Coronary Thrombosis 10/1/38  
IMPORTANT

Contributory causes of importance not related to principal cause:  
Angina Pectoris 1937  
Diabetes Mellitus I don't know

Name of operation none Date of  
What test confirmed diagnosis surgery of heart Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify  
(Signed) Just Adams M. D.  
(Address) 362 Stanley St Date Oct 3, 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope Boston  
(Cemetery) (City or town)

DATE OF BURIAL October 5, 1938

22 NAME OF UNDERTAKER Charles R. Hennison  
ADDRESS Winthrop Mass

Received and filed 1938

OCT 10 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report that occupation prior to retirement. Children not gainfully employed may be retired as *at school* or *at home*. For a woman who has only occupation was that of home housework, write *at home* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured, do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name any important complications, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer shall forthwith report the death of a person whom he has attended during his last illness, to the nearest of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 90, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....**  
*Gen. Laws, Chap. 46, Sec. 9.*

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent at roadside or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal. Provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war, in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)***

**Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.***  
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths **unavoidably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.



STANDARD  
CERTIFICATE OF DEATH

Registered No. 195

1 PLACE OF DEATH (County) Winthrop  
(City or Town) Winthrop Community Hospital St.          Ward          { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Adolphus Brown Beeching  
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)         

(a) Residence. No. 106 Bellevue av. St.          Ward           
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 8 yrs.          mos.          days. How long in U. S., if of foreign birth? 111 yrs.          mos.          days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widower (write the word)

6a If married, widowed, or divorced HUSBAND of Elizabeth P. Parsons  
(Give maiden name of wife in full)  
(or) WIFE of           
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 78 Years 1 Months 12 Days If less than 1 day          Hours          Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book-keeper  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Little Brown Co.  
10 Date deceased last worked at this occupation (month and year) 1926 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) East Boston  
(State or country) Mass.

13 NAME OF FATHER Richard Beeching

14 BIRTHPLACE OF FATHER (City) Great Chart  
(State or country) England

15 MAIDEN NAME OF MOTHER Elizabeth Jane Brown

16 BIRTHPLACE OF MOTHER (City) New York City  
(State or country) New York

17 Informant William H. Beeching Relation, if any (brother)  
(Address) 106 Bellevue av., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) W. M. S. Child  
(Official Designation) Health Officer (Date of Issue of Permit) 10/5/38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 3 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1938, to Oct 3, 1938  
I last saw h. in alive on Oct 2, 1938, death is said to have occurred on the date stated above, at 7 A. m.  
The principal cause of death and related causes of importance in order of onset were as follows:

Bronchitis Pneumonia  
Carcinoma of Pehelums + Bladder  
Date of Onset 9/25/38  
1937

Name of operation none Date of           
What test confirmed diagnosis?          Was there an autopsy?         

20 Was disease or injury in any way related to occupation of deceased?           
If so, specify           
(Signed) Adolphus Brown M.D.  
(Address) 300 Meridian St. E. Boston Date 10/7/38

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett  
(Cemetery) (City or town)

DATE OF BURIAL October 5, 1938

22 NAME OF UNDERTAKER E. C. Rollins  
ADDRESS 300 Meridian St. E. Boston

Received and filed          19          
(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make full and true entry in this section for every person aged 10 years or over. As the occupation had been given up or changed on account of the disease, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name either morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1914
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registrar at hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, he is insufficiently a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tentative Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*  
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or of the town in which it is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tentative Edition).*

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **193**

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)

No. **Winthrop Community Hospital St.** Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Mary Lucille (Hayes) Mills**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **695 boulevard** **58** Ward, **Revere**  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred **35** yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED or DIVORCED **Widowed** (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) **Alden Augustus Mills**  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **73** Years **X** Months **26** Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House work**  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Own home**  
10 Date deceased last worked at this occupation (month and year) **Sept. 1938** 11 Total time (years) spent in this occupation **50**

12 BIRTHPLACE (City) **Boston**  
(State or country) **Massachusetts**

13 NAME OF FATHER **James Hayes**

14 BIRTHPLACE OF FATHER (City) **Scotland**  
(State or country)

15 MAIDEN NAME OF MOTHER **Christianna Brautigan Bridgegreve**

16 BIRTHPLACE OF MOTHER (City) **Germany**  
(State or country)

17 Informant **Miss M. J. Baumeister** Relation, if any  
(Address) **101 Tremont St Boston Mass**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me for the burial or cremation of the deceased.

Signature of Agent **H. B. ...**  
(Date of Issue of Permit) **Oct 10 1938**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Oct. 5, 1938**  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Sept 1st**, 1938, to **Oct 5**, 1938.  
I last saw him alive on **Oct 5**, 1938, death is said to have occurred on the date stated above, at **4:40 p.m.**

The principal cause of death and related causes of importance in order of onset were as follows:

**Bronchitis Pneumonia Oct 2 1938**  
Contributory causes of importance not related to principal cause:  
**General Arteriosclerosis**  
**Cerebral Hemorrhage Sept 1938**

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) **Michael Litoch** M. D.  
(Address) **117 Sturges Ave Boston Mass** Date **Oct 6 1938**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Forest Hills Boston**  
(Cemetery) (City or town)

DATE OF BURIAL **October 8 1938**

22 NAME OF UNDERTAKER **Charles R. Bennison**  
ADDRESS **Winthrop Mass**

Received and filed **OCT 10 1938** 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every period aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gradually employed may be returned as at *school* or *at home*. For a person whose only occupation was that of *own housework*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1905
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, (Tentative Edition.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease, and related to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia) and by the action of chemical drugs or poisons, terminal from disease agents, and deaths following abortion, but also deaths from disease resulting from injury or infection, related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

Suffolk

(County)



Winthrop

(City or Town)

No. 126 Court Road

St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 197

2 FULL NAME Arabelle M. Doe

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 126 Court Road

(Usual place of abode)

St. Ward, (If nonresident, give city or town and state)

(If U. S.  
War Veteran  
specify WAR)

Length of residence in city or town where death occurred years 6 months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years -- Months -- Days If less than 1 day Hours -- Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Rumney (State or country) N.H.

13 NAME OF FATHER Oliver D. Doe

14 BIRTHPLACE OF FATHER (City) Rumney (State or country) N.H.

15 MAIDEN NAME OF MOTHER Levina P. Cotten

16 BIRTHPLACE OF MOTHER (City) Rumney (State or country) N.H.

17 Informant Isabella C. Stevens (Address) 29 Winchester St Brookline Mass (Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 10/11/38

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 6 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 30 1938, to Oct 6 1938

I last saw him alive on Oct 6 1938, death is said

to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Angina Pectoris Sept 30/38

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? Abnormal Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) R. H. White M. D.

(Address) Winthrop, Mass Date Oct 7 1938

21 Rumney Cem. Rumney New Hampshire

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL October 8, 1938

22 NAME OF UNDERTAKER R. H. White

ADDRESS 147 Winthrop St Winthrop Mass

Received and filed 19

A TRUE COPY ATTEST:

(Registrar)

OCT 11 1938

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various persons can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, support the occupation prior to retirement. Children not actually employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

- To be complete, an occupation return must state:
- 1.—The trade, profession, or particular kind of work done.
  - 2.—The industry or business in which the work was done.
  - 3.—The month and year the deceased last worked at the occupation.
  - 4.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS, a person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying. E. G., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name all other morbid conditions, if any, related to the principal cause. Contributory causes of complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

any person the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of it, family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, sex, race, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 3, 4.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to the town where the or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb or other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been satisfactory written statement consented to by the attending physician, or if he be deceased, by a coroner or clerk, as the case may be, that the body may be returned, retaining the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall issue such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another, within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon receipt of such statement and certificate, shall form a counter-sign to and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter can be obtained as to the any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes of a person which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried. The funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
  - (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
  - (3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.



STANDARD  
CERTIFICATE OF DEATH

Registered No. 193

1 PLACE OF DEATH  
Suffolk  
(County)  
Linthron  
(City or Town)  
No. 10 Corn St

2 FULL NAME Christine Smith McLellan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 10 Corn St  
(Usual place of abode)

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)  
Female White Widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Daniel McLellan  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home  
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Sydney (State or country) C.B.

13 NAME OF FATHER Alexander Smith

14 BIRTHPLACE OF FATHER (City) Sydney (State or country) C.B.

15 MAIDEN NAME OF MOTHER Christine McMillan

16 BIRTHPLACE OF MOTHER (City) Sydney (State or country) C.B.

17 Informant (Address) 10 Corn St, Linthron

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Health Officer  
(Official Designation) (Date of Issue of Permit) 10/8/35

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 7, 1935  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1935, to Oct 7, 1935

I last saw her alive on Oct 6, 1935, death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary thrombosis  
Contributory causes of importance not related to principal cause: Senile arteriosclerosis  
Date of Onset IMPORTANT Oct 6, 1935  
1936

Name of operation none Date of What test confirmed diagnosis Clinical signs Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Daniel J. Dwyer, M.D.  
(Address) 20 Corn St, Linthron Date Oct 7, 1935

21 Place of Burial, Cremation or Removal (City or Town) Linthron  
DATE OF BURIAL Oct 9, 1935

22 NAME OF UNDERTAKER John F. Malley  
ADDRESS 10 Corn St, Linthron

Received and filed 1935  
OCT 10 1935 (Registrar)





The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

199

1 PLACE OF DEATH  
Suffolk (County)  
Winthrop (City or Town)  
No. Winthrop Community Hospital St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Minnie Emma (Kean) Hewitt  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 Cora St. Ward, (If U. S. War Veteran, specify WAR)  
(Usual place of abode)  
Length of residence in city or town where death occurred 35 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female  
4 COLOR OR RACE White  
5 SINGLE MARRIED (write the word)  
WIDOWED Married  
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)  
Hugh Macmillan Hewitt  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years 9 Months 9 Days If less than 1 day  
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home  
10 Date deceased last worked at this occupation (month and year) Oct. 1938 11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Jordan Bay  
(State or country) Nova Scotia

13 NAME OF FATHER William Kean

14 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

15 MAIDEN NAME OF MOTHER Annie McKenzie

16 BIRTHPLACE OF MOTHER (City) Nova Scotia  
(State or country)

17 Informant Mrs. Lawrence Barnuffaldi (Address) 1516 Mystic Valley Pkway  
daughter Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)  
Health Officer (Date of Issue of Permit) 10/8/38  
(Official Designation)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 7 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

Jan 1 1937 to Oct 7 1938  
I last saw h. alive on Oct 7 1938, death is said

to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of Importance in order of onset were as follows:

Angina pectoris

Contributory causes of Importance not related to principal cause:

Myocarditis  
Arteriosclerosis

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy? h

20 Was disease or injury in any way related to occupation of deceased? h  
If so, specify

(Signed) P. J. Mahoney, M. D.  
(Address) 41 Washington St. Date 10-7-38

21 PLACE OF BURIAL Winthrop Winthrop  
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL October 9 1938

22 NAME OF UNDERTAKER Charles R. Bennison  
ADDRESS Winthrop Mass

Received and filed Oct 10 1938 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *plumber*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *dealer*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic fibrillated nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1924
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer, and a coroner, after the death of a person whom he has examined and found to have died of natural causes, shall, if requested by the family or other authorized person or of any member of an ambulance or other funeral home, register a burial certificate of death, stating to the best of his knowledge and belief the cause of death, stating the age, the disease of which he died defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive, the name of the physician or officer and the date of his death....  
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the clerk of health, or its agent appointed to issue such permits, if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L., (17cemetery Edition.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... Gen. Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (17cemetery Edition.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 200

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

44 Irwin

No. \_\_\_\_\_ St., \_\_\_\_\_ Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Caroline Peck Dowd

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 44 Irwin St

(Usual place of abode)

St., \_\_\_\_\_ Ward, \_\_\_\_\_

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 6 years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of George Peck Dowd (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 86 Years ? Months ? Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Bristol (State or country) Conn

13 NAME OF FATHER Hiram Peck

14 BIRTHPLACE OF FATHER (City) Burlington (State or country) Conn

15 MAIDEN NAME OF MOTHER Wheathy Hart

16 BIRTHPLACE OF MOTHER (City) Burlington (State or country) Conn

17 Helen Edgett (Address) 44 Irwin St Winthrop Mass. Relation, if any (Daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 10/10/38

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October Seven 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1937, to Oct 7, 1938

I last saw him alive on Sept 29, 1938, death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis Sept 7/37

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis Chest X-ray Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B. Parker (Signed) M. D. (Address) Winthrop Mass Date Oct 8, 1938

21 Winthrop Winthrop Mass Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL October 10, 1938

22 NAME OF UNDERTAKER R. H. Webb Address 147 Winthrop St Winthrop Mass

Received and filed OCT 11 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section of every person aged 10 years or over. If the occupation had been the same up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school. Children from a woman whose only occupation was that of home housework, write to HOUSEWORK in answer to Question 8 and own one in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashtemia, etc. As principal cause name the disease causing death. As related causes, name cardiac, morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1922
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, deemed as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .** GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall remove a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent abroad and from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to the board, statement, sworn or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of a physician, if any, as a satisfactory certificate of the attending physician, or if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or his certificate cannot be obtained early enough for the purpose, or if he is not a member of the board of health, or employed by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such removal shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal examination by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)**

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized medical unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including, resting, scorching, etc.), and by the action of chemical (drugs or poisons), electrical or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

201

Registered No. \_\_\_\_\_

SUFFOLK  
(County)WINTHROP  
(City or Town)

No. Station Hospital, Fort Banks, Mass. St. - - Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MRS. ANNIE L. ROGERS, nee SIMES

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

specify WAR) - -

(a) Residence. No. 30 Lewis

(Usual place of abode)

St. - - Ward, Haverhill, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred - years 2 months - days. How long in U.S., if of foreign birth? - years - months - days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of William Rogers (Give maiden name of wife in full)

(or) WIFE of - - - (Husband's name in full)

6 IF STILLBORN, enter that fact here. - - -

7 AGE 59 Years 2 Months 28 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year) August, 1938 11 Total time (years) spent in this occupation 42

12 BIRTHPLACE (City) Unknown (State or country) Vermont

13 NAME OF FATHER Frank Simes

14 BIRTHPLACE OF FATHER (City) Unknown (State or country) Unknown

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Unknown (State or country) Unknown

17 Informant Registrar, Sta. Hosp. Ft. Banks, Mass. (Address) Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other Agent) Oct. 9/38 (Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 8 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 8, 1938, to October 8, 1938

I last saw her alive on October 8, 1938, death is said to have occurred on the date stated above, at 5:55 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinomatosis, abdominal, with ascites.

Date of Onset  
IMPORTANT

Unknown

Contributory causes of importance not related to principal cause:

Name of operation Abdominal paracentesis Date of Sept 9/38 What test confirmed diagnosis? Esis Was there an autopsy? Yes Autopsy

20 Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Joseph Rich, M. D. (Address) Station Hospital, Ft. Banks, Mass. Date Oct. 8, 1938

21 Place of Burial, Cremation or Removal St. James Cemetery, Haverhill, Mass. (City or Town)

DATE OF BURIAL Oct. 11 1938

22 NAME OF UNDERTAKER N. Power O'Connor ADDRESS Haverhill Mass.

Received and filed OCT 10 1938 19

Kington Cem., Kington. N. H. (Registrar)

**Statement of occupation.** Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not actually employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWNS HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as STRIPPER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease, or complication which causes death, not the mode of dying. E. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with, after the death of a person whom he has attended during his last illness, at the request of a person or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health, or its agent appointed to issue such permits. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a sworn statement, in writing, signed by the person required by law to be returned and recorded, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, to the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . Gen. Laws, Chap. 38, Sec. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance of whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly by mechanical violence (including resulting septal, electrical agents, and deaths following abortion), but also deaths from **disease resulting from injury or infection related to occupation** and the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.



N. POWER O'CONNOR  
FUNERAL DIRECTOR  
210 WINTER STREET  
HAVERHILL, MASSACHUSETTS

Oct. 10, 1938

Health Dept.

The place of burial of Annie L.  
Rogers will be in Kingston Cemetery, Kingston N. H.  
instead of St. James Cemetery Haverhill

She died at Army Hospital Ft. Banks Oct. 8,

Yours  
N. Power O'Connor





PLACE OF DEATH

1

Winthrop  
(City or Town)

No. 129 Cliff Avenue

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bernard J. McGuigan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 129 Cliff Avenue

St.

Ward

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 18 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Married

6a If married, widowed, or divorced HUSBAND of Anne E. Shields (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 54 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. His Own  
10 Date deceased last worked at this occupation (month and year) Sept. 10, 1933 11 Total time (years) spent in this occupation 1 yr.

12 BIRTHPLACE (City) Chelsea (State or country) Massachusetts

13 NAME OF FATHER Bernard McGuigan

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary McGrath

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mrs. S. Cullinane (Sister) Address 15 Lee St. Somerville, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH Oct. 14 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Oct. 7 1938, to Oct. 14 1938 I last saw him alive on Oct. 13 1938, death is said to have occurred on the date stated above, at 11:05 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cirrhosis of liver

Contributory causes of importance not related to principal cause:

Arterio-sclerosis

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? to

If so, specify (Signed) E. J. Rushmore M. D. (Address) Washington Date 10/17/38

21 Holy Cross Cemetery, Malden Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL October 17, 1938

22 NAME OF UNDERTAKER G. F. McKenna & Son ADDRESS 390 Medford St., Somerville

Received and filed 19

OCT 21 1938 (Registrar)

STANDARD CERTIFICATE OF DEATH

Registered No. 202

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not manfully employable may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc., COTTON MILL, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STEAMBOAT ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As the principal cause name the disease causing death, as related cause name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Asthenia</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes of importance not related to principal cause:</b>	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, denominated as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be obtained and recorded, which shall be accompanied in case of the physician, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient by it or by the selection for the purpose of health, or eligibility make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall issue such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACKINK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-134. No. 2038-g

1 PLACE OF DEATH Suffolk County Wintbury (City or Town) No. <i>Boston Harbor off Sargent</i> St., ..... Ward {		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent. Registered No. <i>203</i>	
2 FULL NAME <i>Joseph Mistretta</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. <i>36 Charter</i> St., ..... Ward, <i>3</i> (Usual place of abode)		(If nonresident, give city or town and state)		Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE (write the word) MARRIED <i>married</i> WIDOWED OR DIVORCED			
5a If married, widowed, or divorced, HUSBAND of <i>Francena Stris</i> (Give maiden name of wife in full)					
(or) WIFE of ..... (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE <i>56</i> Years ..... Months ..... Days ..... Hours ..... Minutes		If less than 1 day			
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<i>General Laborer</i>			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<i>Laborer</i>			
10 Date deceased last worked, at this occupation (month and year) <i>Oct 14 1938</i>		11 Total time (years) spent in this occupation <i>30 years</i>			
12 BIRTHPLACE (City) ..... (State or country) <i>Italy</i>					
13 NAME OF FATHER <i>Leonardo Mistretta</i>					
14 BIRTHPLACE OF FATHER (City) ..... (State or country) <i>Italy</i>					
15 MAIDEN NAME OF MOTHER <i>Unknown</i>					
16 BIRTHPLACE OF MOTHER (City) ..... (State or country) <i>Italy</i>					
17 Informant <i>Francena Mistretta Wife</i> (Address) <i>36 Charter St Boston Mass</i>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
(Signature of Agent of Board of Health or other)					
(Official Designation)					
(Date of Issue of Permit) <i>Oct 14 1938</i>					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <i>Oct 14 1938</i> (Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) <i>Asphyxiation by Drowning</i> <i>Acute Melancholia</i>					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? <i>Wintbury</i> (Signed) <i>William Henry Walter Wintbury</i> , M. D. (Address) ..... Date <i>Oct 17 1938</i>					
21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>St Michael Cem Boston Mass</i> (Cemetery) (City or town)					
DATE OF BURIAL <i>Oct 20 1938</i>					
22 NAME OF UNDERTAKER <i>Joe A. Langone Jr</i> ADDRESS <i>190 North St Boston Mass</i>					
Received and filed <i>Oct 21 1938</i> 19..... (Registrar)					

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

## DESCRIPTION (for unknown person)

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-35. No. 6156E

Suffolk

(County)

Winthrop

(City or Town)

No. 322 Revere St

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 201

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

2 FULL NAME Mary T. Driscoll Davis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 322 Revere St

(Usual place of abode)

St., Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U.S., if of foreign birth?

years

months

days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

(write the word)

Female

White

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of John F. Davis

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 84

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home

10 Date deceased last worked at this occupation (month and year)

1935

11 Total time (years) spent in this occupation

40

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF FATHER

Daniel Driscoll

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant

John F. Davis

Relation, if any

(Address)

322 Revere St

(Husband)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 1, 1935, to Oct 16, 1938

I last saw him alive on Oct 1, 1938, death is said

to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Chronic nephritis

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. J. Driscoll

(Address) 4 Washington St. Date Oct 1, 1938

21 Holy Cross Malden

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Oct. 20 1938

22 NAME OF UNDERTAKER

ADDRESS John F. Driscoll

Winthrop

Received and filed.

OCT 21 1938

A TRUE COPY ATTEST

(Registrar)





Physicians should state CAUSE OF DEATH EXACTLY. PHYSICIANS should state CAUSE OF DEATH EXACTLY. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12 '35 No. 6156F

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 507 Pleasant St.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 205

2 FULL NAME Samuel H. Mayo

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 507 Pleasant Street

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 50 years months days.

How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

6a If married, widowed, or divorced

HUSBAND of Ellen Harding Mayo

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 84

Years Months Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Brakeman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Railroad

10 Date deceased last worked at this occupation (month and year)

1928

11 Total time (years)

spent in this occupation 35

12 BIRTHPLACE (City)

Chatham

(State or country)

Mass.

PARENTS

13 NAME OF FATHER

H. Samuel Mayo

14 BIRTHPLACE OF FATHER (City)

Chatham

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Not Known -- Eldridge

16 BIRTHPLACE OF MOTHER (City)

Chatham

(State or country)

Mass

17

Informant (Address)

Maud Mayo

Relation, if any

Allen Road Ballerica Mass

(Daughter-law)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

October

18

1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 7 14

1938

to Oct 15

1938

I last saw him alive on Oct 15, 1938, death is said

to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

IMPORTANT

Chronic Myocarditis

Sept 14, 1938

Contributory causes of importance not related to principal cause:

Name of operation

no

Date of

What test confirmed diagnosis? Chest

Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Raymond B. Parker

M. D.

(Address) Winthrop, Mass Date Oct 19, 1938

21 Winthrop Cem. Winthrop Mass

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL October 19, 1938

19

22 NAME OF UNDERTAKER

R. A. White

ADDRESS 147 Winthrop st Winthrop Mass

Received and filed

OCT 21 1938

19

(Registrar)

# RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at work. For a woman whose only occupation was that of home housework, fill in Question 9. For a person engaged in domestic service, fill in Question 9. For a person engaged in domestic service, as however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business, in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARETAKER, PAINTER, MARBLER, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthema, etc. As principal cause name the disease causing death. As related causes, name all any morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

## Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, denominated as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned, and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, by it or by the certificate required of the attending physician, application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, and no permit shall be obtained early enough for the purpose, the certificate of death made as above provided for the purpose of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that no such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TEXTCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be had; or from a person appointed to have the care of the cemetery and burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TEXTCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** shall certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease not related to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance of whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



tion should be carefully supplied. Age should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

00m 11 '36. No. 9080 F

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Station Hospital, Fort Banks, Mass. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME WILLIAM ARTHUR MULLET

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 8 Oak St., Ward, Ayer, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred - years - months - days.

How long in U.S., if of foreign birth? - years - months - days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. STILLBORN

7 AGE - Years - Months - Days If less than 1 day - Hours - Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Fort Banks, (State or country) Winthrop, Mass.

13 NAME OF FATHER ARTHUR LOUIS MULLET

14 BIRTHPLACE OF FATHER (City) Spencer Mass (State or country)

15 MAIDEN NAME OF MOTHER JESSIE MAY STRALEY

16 BIRTHPLACE OF MOTHER (City) Greencastle, Pa (State or country)

17 Informant Registrar, Sta. Hosp. Ft. Banks, Mass. (Address) Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agents.

Registered No.

(If U. S.  
War Veteran  
specify WAR)

18 DATE OF DEATH October 20 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from At Childbirth, 19, to, 19.

I last saw h. alive on, 19, death is said to have occurred on the date stated above, at, m.

The principal cause of death and related causes of importance in order of onset were as follows:

STILLBORN

Date of Onset  
IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation Date of Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) JOSEPH RICH, 1st Lt. Medical Corps, M. D.  
(Address) Fort Banks, Mass. Date 10/21/38

21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Oct 22 1938

22 NAME OF UNDERTAKER Address

Received and filed. OCT 21 1938 19

(Registrar)

**Statement of occupation.**—The cause statement of occupation is very important, so that the relative healthiness of various persons can be known. Make some entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed should be returned as at school or at home. For a woman whose only occupation was that of home housework, write "housework" in answer to Question 8 and own home in answer to Question 9. In a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER, PRIVATE FAMILY COOK, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
11. The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc. as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MARINE ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier, morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes: of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
1	
2	
3	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in the first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other attending person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, sex, race, date of birth, date of death, date of last seen alive by the physician or other officer and the date of his death. . . . (GEN. LAWS, CHAP. 46, SEC. 9)

**No undertaker or other person** shall interfere with a human body of a human body in a town, or remove from a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb or other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued from the board of health or its agent, or from the clerk or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law; or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TENTH CENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . (GEN. LAWS, CHAP. 38, SEC. 6.)  
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit to do so from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery burial ground in which the interment is made. . . . (CHAP. 114, SEC. 46, G. L. (TENTH CENTENARY EDITION.))

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to violence** directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH



To be filed for burial permit  
with Board of Health  
or its Agent.

207

Registered No. ....

1 PLACE OF DEATH  
Suffolk  
(County)  
Winthrop  
(City or Town)

No. 65 Lowell Road Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude (Hyde) Elliott  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR) .....

(a) Residence. No. 65 Lowell Road Ward, .....

(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

18 DATE OF DEATH Oct 21 1938  
(Month) (Day) (Year)

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Francis Clayton Elliott  
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from  
Mar 1 1931, to Oct 21 1938  
I last saw her alive on Oct 20 1938, death is said  
to have occurred on the date stated above, at 7:45 A.M.  
The principal cause of death and related causes of importance in order of onset  
were as follows:

6 IF STILLBORN, enter that fact here.

7 AGE 51 Years 10 Months 23 Days If less than 1 day  
Hours Minutes  
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home  
10 Date deceased last worked at this occupation (month and year) May 1938 11 Total time (years) spent in this occupation 24

Pulmonary Embolism  
Acute endocarditis  
Date of Onset IMPORTANT Oct 21 1938  
Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City) Burnside  
(State or country) Connecticut

Chronic endocarditis  
Mar 1 1931

13 NAME OF FATHER Frederick Hyde

Name of operation none Date of  
What test confirmed diagnosis Abnormal Was there an autopsy? No

14 BIRTHPLACE OF FATHER (City) South Hampton  
(State or country) Connecticut

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify R. B. Parker  
(Signed) M. D.  
(Address) Winthrop Mass Date Oct 21 1938

15 MAIDEN NAME OF MOTHER Lucinda Gordon

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop  
(Cemetery) (City or town)

16 BIRTHPLACE OF MOTHER (City) Burnside  
(State or country) Connecticut

DATE OF BURIAL October 23 1938

17 Informant F. Clayton Elliott (husband)  
(Address) 65 Lowell Road Winthrop Mass

22 NAME OF UNDERTAKER Charles R. Bennison  
ADDRESS Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
issued with me BEFORE the burial or transit permit was issued:  
(Signature of Agent of Board of Health or other)  
Health Officer 10/22/38  
(Official Designation) (Date of Issue of Permit)

Received and filed. OCT 22 1938  
19  
(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school*, or of *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family cook*—*maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 3.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where that name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....  
*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....  
*Gen. Laws, Chap. 38, Sec. 6.*  
"He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death." — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or his ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....  
*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



301A  
tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions from the laws on back of certificate.

PLACE OF DEATH

*Waltham*  
(County)  
*Winthrop*  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. **208**

No. *24 Underhill St Winthrop* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Jennie E. Wheeler* (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran specify WAR)

(a) Residence. No. *24 Underhill St Winthrop* St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE *widowed* (write the word) MARRIED WIDOWED or DIVORCED

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of *Charles E. Wheeler* (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *71* Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home* 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) *Hitchburg* (State or country) *Mass.*

13 NAME OF FATHER *(unknown) Morgan*

14 BIRTHPLACE OF FATHER (City) *unknown* (State or country)

15 MAIDEN NAME OF MOTHER *unknown*

16 BIRTHPLACE OF MOTHER (City) *unknown* (State or country)

17 Informant *Charles E. Wheeler* (Address) *24 Underhill St. Winthrop* Relation, if any *Son*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*H. D. Schilders* (Signature of Agent of Health or other)

(Official Designation)

(Date of Issue of Permit) *Oct. 29/38*

18 DATE OF DEATH *October 26 1938* (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *February 10 1934* to *October 26 1938* I last saw her alive on *October 25 1938*, death is said to have occurred on the date stated above, at *11:15 p.m.*

The principal cause of death and related causes of importance in order of onset were as follows:

*Acute Coronary Thrombosis* Date of Onset *10/14/38* IMPORTANT

Contributory causes of importance not related to principal cause: *Atherosclerosis* *1936* *Senility* *1938*

Name of operation *none* Date of *none* What test confirmed diagnosis *Clinical & Laboratory* Was there an autopsy? *No*

20 Was disease or injury in any way related to occupation of deceased? *No* If so, specify *Jacob Abrams* (Signed) *562 Shirley St* (Address) *Winthrop, Mass.* Date *10/28/38* M. D.

21 *Winthrop Cemetery Winthrop* Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL *Oct 29 1938* 19

22 NAME OF UNDERTAKER *Maurice P. Poirer* ADDRESS *178 Bennington St. E. Boston*

Received and filed *Oct 31* 1938 (Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms: HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. Kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured, do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, denied as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of a dead body has been sooner obtained hereunder. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy, or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, (when the clerk or registrar may require—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION).)

**Medical examiners** shall make examination upon the view of the bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify in all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.



information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 209

1 PLACE OF DEATH  
Suffolk (County)  
Winthrop (City or Town)  
No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Minnie Clayton (MacLeod) Gibby  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 30 Orlando Avenue 33 Ward, (If U. S. War Veteran, specify WAR)  
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female  
4 COLOR OR RACE White  
5 SINGLE (write the word) MARRIED Widowed  
or DIVORCED

13 DATE OF DEATH October 29 1938  
(Month) (Day) (Year)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of George Hamilton Gibby  
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from September 1, 1935, to October 29, 1938  
I last saw him alive on October 29, 1938, death is said to have occurred on the date stated above, at 11:34 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years 8 Months 15 Days If less than 1 day  
Hours Minutes

Carcinoma of Breast, left 1935  
Date of Onset IMPORTANT

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year) September 11 Total time (years) 56  
months occupation

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City) Wareham  
(State or country) Massachusetts

Fracture - Shaft of Femur Oct 29 1938  
(Cause of Death)

13 NAME OF FATHER Donald MacLeod

Name of operation Breast Amputation Date of Oct 29 - 38  
What test confirmed diagnosis? Laboratory Was there an autopsy? No

14 BIRTHPLACE OF FATHER (City) Scotland  
(State or country)

20 Was disease or injury in any way related to occupation of deceased? No

15 MAIDEN NAME OF MOTHER Isabelle MacKay

If so, specify Edward J. Franzen, M. D.  
(Signed) (Address) 200 Washington St. Date Oct 30 1938

16 BIRTHPLACE OF MOTHER (City) Cape Breton  
(State or country) Nova Scotia

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop  
(Cemetery) (City or town)

17 Informant Mrs. Laura Sears (neice)  
(Address) 30 Orlando Ave. Winthrop Mass

DATE OF BURIAL November 1, 1938

22 NAME OF UNDERTAKER Charles R. Bennison  
ADDRESS Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers  
(Signature of Agent of Board of Health or other)  
Health Officer  
(Official Designation)

(Date of Issue of Permit) 11/1/38

Received and filed. 1938

NOV 1 1938

(Registrar)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



## The Commonwealth of Massachusetts


 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
 MEDICAL EXAMINER'S  
 CERTIFICATE OF DEATH

 SUFFOLK  
 (County)

 BOSTON  
 (City or Town)

 No. Ritz Carleton Hotel

St., ..... Ward {

 (If death occurred in a hospital or institution,  
 give its NAME instead of street and number)

 Registered No. 8480

BOSTON

(City or town making return)

PLACE OF DEATH

2 FULL NAME

Samuel Shaftoe

(If deceased is a married, widowed or divorced woman, give also maiden name.)

 (a) Residence. No. 338 Revere St

St., ..... Ward,

 (If U. S.  
 War Veteran,  
 specify WAR)

211

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

 MARRIED  
 WIDOWED  
 or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Emma Baillie

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

42

Years

2

Months

23

Days

If less than 1 day

Hours

Minutes

OCCUPATION

 8 Trade, profession, or particular  
 kind of work done, as spinner,  
 sawyer, bookkeeper, etc.

Furn. Finisher

 9 Industry or business in which  
 work was done, as silk mill,  
 saw mill, bank, etc.

Hotel

 10 Date deceased last worked at  
 this occupation (month and  
 year)

10/38

 11 Total time (years)  
 spent in this  
 occupation

10

12 BIRTHPLACE (City)

(State or country)

England

 13 NAME OF  
 FATHER

Richard Shaftoe

 14 BIRTHPLACE OF  
 FATHER (City)

(State or country)

England

 15 MAIDEN NAME  
 OF MOTHER

Bertha Hewitt

 16 BIRTHPLACE OF  
 MOTHER (City)

(State or country)

England

17

 Informant  
 (Address)

wife

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

## MEDICAL CERTIFICATE OF DEATH

 18 DATE OF  
 DEATH

Oct 13/38

(Day)

(Year)

 19 I HEREBY CERTIFY that I have investigated the death  
 of the person above-named and that the CAUSE AND MANNER thereof are  
 as follows: (If an injury was involved, state fully)

Natural causes probably chronic  
 organic heart disease

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

Suicide or

Homicide?

Date of injury ..... 19

Where did

Injury occur?

(City or town and State)

Manner of

Injury

Nature of

Injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W H Matters

M. D.

(Address)

Boston

Date

10/13/38

 22 PLACE OF BURIAL,  
 CREMATION OR REMOVAL

Winthrop, Winthrop

DATE OF BURIAL

10/16/38

19

 23 NAME OF  
 UNDERTAKER

R H White

ADDRESS

Winthrop

Received and filed

10/17/38

19

(Registrar of City or Town where deceased resided)

RECEIVED



NOV 23 1938 AM



tion should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-K



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

Chelsea  
(City or town making return)  
Registered No. 591

212

1 PLACE OF DEATH  
Suffolk  
(County)  
Chelsea  
(City or Town)  
No. Forbes Lithograph Co. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Milton Eugene Taylor  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(If U. S. War Veteran, specify War)

(a) Residence. No. 164 Pauline St. Ward, Winthrop  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male  
4 COLOR OR RACE white  
5 SINGLE MARRIED (write the word)  
WIDOWED married  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of Lila C. (Borden)  
(Give maiden name of wife in full)  
(or) WIFE of  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 52 Years X Months X Days  
If less than 1 day  
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poster Artist  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forbes Litho. Co.  
10 Date deceased last worked at this occupation (month and year)  
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Lynn  
(State or country) Mass.

13 NAME OF FATHER Samuel Taylor

14 BIRTHPLACE OF FATHER (City) --  
(State or country) Maine

15 MAIDEN NAME OF MOTHER Maria Estelle Fraizer

16 BIRTHPLACE OF MOTHER (City) --  
(State or country) Maine

17 Informant Lila C. Taylor (wife)  
(Address) 164 Pauline St. Winthrop Ma

A TRUE COPY.

ATTEST: Irene E. P...  
(Registrar of city or town where death occurred)

DATE FILED Oct. 15 19 38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 13 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 13 1938, to Oct. 13 1938  
I last saw him alive on Oct. 13 1938, death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary thrombosis Oct. 13 1938  
Date of onset

Contributory causes of importance not related to principal cause:

Name of operation none Date of  
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) A. C. Benjamin M. D.  
(Address) 816 B'Way Chelsea Date 10/24/38

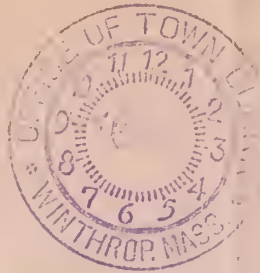
21 PLACE OF BURIAL, CREMATION OR REMOVAL Puritan Lawn Memorial Park Peabody (Cemetery) (City or town)  
DATE OF BURIAL Oct. 16 1938

22 NAME OF UNDERTAKER Geo. P. Merwin  
ADDRESS 305-307 Beach St. Revere Mass

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



NOV 17 1938 AM



PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filled for burial permit  
with Board of Health  
or its Agent.

Registered No. 213

No. Winthrop Community Hospital Ward { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Burns  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 323 Border St., 1 Ward, East Boston  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass

13 NAME OF FATHER Gerald F. Burns

14 BIRTHPLACE OF FATHER (City) Everett (State or country) Mass

15 MAIDEN NAME OF MOTHER William Rice

16 BIRTHPLACE OF MOTHER Buzzards Bay (State or country) Mass

17 Informant Gerald F. Burns (Father) (Address) 323 Border St East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress (Signature of Agent of Board of Health or other Health Officer) 11/7/38 (Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 4, 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1938, to Nov. 4, 1938

I last saw him alive on Nov. 4, 1938, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Still Body. Date of Onset IMPORTANT 11/4/38

Contributory causes of importance not related to principal cause: Mother had toxemia of pregnancy with hypertension and myoglobinuria 9/1/38

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) George H. Schwartz M. D. (Address) 19 Princeton St. East Boston 11/5/38

21 St Michaels Boston Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov 9, 1938

22 NAME OF UNDERTAKER Frederick J. Magrath ADDRESS East Boston

Received and filed. 19

NOV 16 1938

(Registrar)





CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **214**

1 PLACE OF DEATH  
**Suffolk**  
(County)  
**Winthrop**  
(City or Town)  
No. **81 Beal** St., ..... Ward {

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME **Ellen A. Hillberg**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran, specify WAR) **no**

(a) Residence. No. **81 Beal Street** St., ..... Ward, .....  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred **55** yrs. mos. days. How long in U. S., if of foreign birth? **60** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)  
**MARRIED**  
**WIDOWED** **Widow**  
or **DIVORCED**

5a If married, widowed, or divorced

HUSBAND of .....  
(Give maiden name of wife in full)

(or) WIFE of **Carl G. Hillberg**  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **77** Years ..... Months ..... Days ..... If less than 1 day  
Hours ..... Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Own home**  
10 Date deceased last worked at this occupation (month and year) **Nov 5-37** 11 Total time (years) spent in this occupation **55 yrs**

12 BIRTHPLACE (City) ..... (State or country) **Ireland**

13 NAME OF FATHER **James J. Sheehey**

14 BIRTHPLACE OF FATHER (City) ..... (State or country) **Ireland**

15 MAIDEN NAME OF MOTHER **Mary J. O'Rourke**

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) **Ireland**

17 Informant **Amy Hillberg (daughter)**  
(Address) **81 Beal Street, Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) **11/7/38**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **11** (Month) **5** (Day) **38** (Year)

19 I HEREBY CERTIFY, That I attended deceased from **gun** to **11/5/38**, 19**38**

I last saw him alive on **11/5**, 19**38**, death is said

to have occurred on the date stated above, at **11:30** m.

The principal cause of death and related causes of importance in order of onset were as follows:

**Catheter** **Septicemia**  
Contributory causes of importance not related to principal cause:  
**Cerebral thrombosis about 10 days**

Name of operation ..... Date of ..... Was there an autopsy? .....

20 Was disease or injury in any way related to occupation of deceased? .....

If so, specify ..... (Signed) **Harry J. Hill**, M. D.

(Address) **160 Harrison Ave, Boston** Date **11/6/38**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Holy Cross, Malden**  
(Cemetery) (City or town)

DATE OF BURIAL **Nov. 8** 19**38**

22 NAME OF UNDERTAKER **W. J. Cassia**

ADDRESS **160 Harrison Ave, Boston**

Received and filed. .... 19**38**

**NOV 10 1938**

(Registrar)





N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34. No. 2938-g

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
<p>1 PLACE OF DEATH <i>South Scituate</i> (County)  <i>Wrentham</i> (City or Town)            No. <i>49 Quincy Ave</i> St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		<p>Registered No. <i>215</i></p>	
<p>2 FULL NAME <i>Samuel Ascher</i>            (If deceased is a married, widowed or divorced woman, give also maiden name.)</p>		<p>{ (If U. S. War Veteran, specify WAR)</p>	
<p>(a) Residence. No. <i>49 Quincy Ave Wrentham</i> Ward, _____            (Usual place of abode)            Length of residence in city or town where death occurred <i>20</i> yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.</p>		<p>(If nonresident, give city or town and state)</p>	
<p>3 SEX <i>Male</i> 4 COLOR OR RACE <i>White</i> 5 SINGLE MARRIED WIDOWED OR DIVORCED <i>married</i> (write the word)</p>		<p>18 DATE OF DEATH <i>Nov - 5 - 1938</i>            (Month) (Day) (Year)</p>	
<p>5a If married, widowed or divorced, give name of HUSBAND of <i>Rosa Persenio</i>            (Give maiden name of wife in full)            (or) WIFE of _____            (Husband's name in full)</p>		<p>19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)  <i>Acute Cardiac Failure</i>  <i>Probably Coronary Sclerosis</i>  <i>small arteries Sclerosis</i>  <i>deceased died quickly</i></p>	
<p>6 IF STILLBORN, enter that fact here.</p>		<p>(See reverse side for description for unknown person)</p>	
<p>7 AGE <i>66</i> Years <i>2</i> Months <i>13</i> Days If less than 1 day _____ Hours _____ Minutes</p>		<p>20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?            (Signed) <i>Dr. J. P. Tucker</i> M. D.            (Address) <i>Wrentham</i> <i>Nov - 5 - 1938</i></p>	
<p>8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Automobiles</i>            9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>gas station</i>            10 Date deceased last worked at this occupation (month and year) <i>11/4/1938</i> 11 Total time (years) spent in this occupation <i>25</i></p>		<p>21 PLACE OF BURIAL, CREMATION OR REMOVAL <i>Wrentham Wrentham</i>            (Cemetery) (City or town)            DATE OF BURIAL <i>Nov - 7 - 1938</i> 19 _____</p>	
<p>12 BIRTHPLACE (City) <i>Boston</i>            (State or country) <i>Mass</i></p>		<p>22 NAME OF UNDERTAKER <i>B. R. Bennett</i>            ADDRESS <i>Wrentham Mass</i></p>	
<p>13 NAME OF FATHER <i>Samuel Ascher</i>            14 BIRTHPLACE OF FATHER (City) <i>Germany</i>            (State or country) _____            15 MAIDEN NAME OF MOTHER <i>Lena - Unalut &amp; others</i>            16 BIRTHPLACE OF MOTHER (City) <i>Germany</i>            (State or country) _____</p>		<p>Received and filed _____ 19 _____            (Registrar)</p>	
<p>17 Informant (Address) <i>Mrs. Jennie Carls - 490 Lincoln St Wrentham</i></p>		<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  <i>Wm. S. Guldkees</i>            (Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) <i>11/7/38</i></p>	

The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
 MEDICAL EXAMINER'S  
 CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. *215*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Nov - 5 - 1938*  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

*Acute Cardiac Failure*  
*Probably Coronary Sclerosis*  
*small arteries Sclerosis*  
*deceased died quickly*

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?  
 (Signed) *Dr. J. P. Tucker* M. D.  
 (Address) *Wrentham* *Nov - 5 - 1938*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Wrentham Wrentham*  
 (Cemetery) (City or town)  
 DATE OF BURIAL *Nov - 7 - 1938* 19 \_\_\_\_\_

22 NAME OF UNDERTAKER *B. R. Bennett*  
 ADDRESS *Wrentham Mass*

Received and filed \_\_\_\_\_ 19 \_\_\_\_\_  
 (Registrar)

NOV 10 1938  
 NOV 10 1938

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

## DESCRIPTION (for unknown person)

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."



100m 11-36. No. 9080 F  
tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

1

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)

2

FULL NAME

No. Winthrop (Emmity Hosp.) St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)  
(Baby Boy) Cannata  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. 149 Saratoga St., Ward, (If nonresident, give city or town and state)  
Length of residence in city or town where death occurred years months days How long in U.S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10 Date deceased last worked at this occupation (month and year)  
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Winthrop

PARENTS

13 NAME OF FATHER Giovanni Cannata  
14 BIRTHPLACE OF FATHER (City) (State or country) Italy  
15 MAIDEN NAME OF MOTHER Jennie Rabito  
16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant (Address) Giovanni Cannata, Father, 149 Saratoga St., Boston

18 DATE OF DEATH Nov. 9 - 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....  
I last saw h..... alive on..... 19....., death is said to have occurred on the date stated above, at..... m.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Stillborn premature  
Contributory causes of importance not related to principal cause:  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased? .....  
If so, specify Charles Molini, M. D.  
(Signed) 205 Lancaster St. Boston  
(Address) Date Dec 11 1938

21 Place of Burial, Cremation or Removal (City or Town) St. Michael Boston  
DATE OF BURIAL Nov 17 1938

22 NAME OF UNDERTAKER John Rabito  
ADDRESS 91 Chelsea St. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Wm. S. Giddings  
(Signature of Agent of Board of Health or other)  
Health Officer (Official Designation) 11/14/38 (Date of Issue of Permit)

Received and filed..... 19.....  
NOV 16 1938  
(Registrar)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 216

**Statement of occupation.**—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business prior to retirement. Children not intelligently employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to (Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, DRIVING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "machinery," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**RETURN OF DEATH CERTIFICATE.**  
A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or the deceased furnish person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the period of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health of the town, or if there is no such board, until he has received a permit from the clerk of the town where the person died, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, when the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)**

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.  
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury or death only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without medical attendance or whose physician is absent from home when the certificate of death is needed.
- (2) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury** by trauma (including resulting septi-cemia) and by the action of chemical (drugs or poisons), thermal, or disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



*Newport, R.I. 12/9/38*

**The Commonwealth of Massachusetts**  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

**SUFFOLK**  
(County)

**WINTHROP**  
(City or Town)

**STANDARD**  
**CERTIFICATE OF DEATH**

Registered No. **217**

1 PLACE OF DEATH **No. Station Hospital, Fort Banks, Mass.** Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **CATHERINE A. HARTY**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **120 John St.** St. **Newport, R.I.** Ward, **Newport, R.I.**  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred — yrs. — mos. — days. How long in U. S., if of foreign birth? **Unknown** mos. days.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <b>Female</b>	4 COLOR OR RACE <b>White</b>	5 SINGLE MARRIED WIDOWED or DIVORCED <b>Married</b> (write the word)	18 DATE OF DEATH <b>November 15th 1938</b> (Month) (Day) (Year)	
6a If married, widowed, or divorced HUSBAND of <b>John E. Harty, Corp 10th CA Ft Adams</b> (Give maiden name of wife in full) (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from <b>August 21, 1938, to Nov. 15, 1938.</b>	
(or) WIFE of <b>John E. Harty, Corp 10th CA Ft Adams</b> (Husband's name in full)			I last saw her alive on <b>Nov. 14, 1938</b> , death is said to have occurred on the date stated above, at <b>4:45A.m.</b>	
6 IF STILLBORN, enter that fact here.			The principal cause of death and related causes of importance in order of onset were as follows:	
7 AGE <b>37</b> Years. — Months. — Days If less than 1 day — Hours. — Minutes			Date of Onset <b>Adenocarcinoma, colon, hepatic flexure, with metastasis to liver, severe, cause undetermined. Unknown</b>	
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housekeeper</b>			
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Own home</b>			
	10 Date deceased last worked at this occupation (month and year) <b>Aug. 21, 1938</b>		11 Total time (years) spent in this occupation.	
12 BIRTHPLACE (City) <b>Ireland</b> (State or country)			Contributory causes of importance not related to principal cause: <b>Chronic pelvic inflammatory disease severe, cause undetermined. 1937</b>	
PARENTS	13 NAME OF FATHER <b>Unknown</b>		Name of operation <b>Exploratory Laparotomy Oct 7/38</b>	
	14 BIRTHPLACE OF FATHER (City) <b>Unknown</b> (State or country) <b>Unknown</b>		What test confirmed diagnosis? <b>Blopsy</b> Was there an autopsy? <b>No</b>	
	15 MAIDEN NAME OF MOTHER <b>Unknown</b>		20 Was disease or injury in any way related to occupation of deceased? —	
	16 BIRTHPLACE OF MOTHER (City) <b>Unknown</b> (State or country)		If so, specify <b>A.O. HAFF, Capt MC</b> , M. D. (Signed) <b>Fort Banks, Mass</b> Date <b>Nov 15, 1938</b> (Address)	
17 Informant <b>Registrar, Sta Hosp Ft Banks, Mass.</b> Relation, if any (Address)			21 PLACE OF BURIAL, CREMATION OR REMOVAL <b>Oliver Washington D.C.</b> (Cemetery) (City or town)	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <b>Wm. S. Childress, Jr.</b> (Signature of Agent of Board of Health or other) <b>Health Officer</b> (Official Designation)			DATE OF BURIAL <b>November 18th 1938</b>	
			22 NAME OF UNDERTAKER <b>Chas. P. Benvenuti</b> ADDRESS <b>Wintthrop, Mass.</b>	
			Received and filed <b>NOV 16 1938</b>	
			A TRUE COPY, ATTEST: (Registrar)	

**NOV 16 1938**

# RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Freeze statement of occupation, is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *coloring mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asbestosis, etc. As principal cause name the disease causing death. As related causes, name earlier morbid complications, if any, related to the principal cause, and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

<p>The principal causes of death and related causes of importance in order of onset were as follows:</p> <p><i>Atheriosclerosis</i></p> <p><i>Chronic interstitial nephritis</i></p> <p><i>Cerebral hemorrhage</i></p> <p>Contributory causes of importance not related to principal cause:</p>	<p>Date of onset</p> <p><i>1915</i></p> <p><i>1921</i></p> <p><i>July 5, 1927</i></p>
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In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 10, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....  
*Act, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent, appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb, to another in the same cemetery, until he has received a permit from the board of health or its agent, appointed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be so obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war, which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement or certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L.*

(*Provisional Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

.... He sits in all cases certily to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) *Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.*

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



Boston 12/9/38

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 218

PLACE OF DEATH

Suffolk  
Winthrop  
(County)  
(City or Town)

No. Winthrop Comm. Hospital

St. Ward (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

## 2 FULL NAME

John Lynch

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U.S.  
War Veteran  
specify WAR)(a) Residence. No. 20 Paris St.  
(Usual place of abode)St. Ward, East Boston Mass.  
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. house plumber  
10 Date deceased last worked at this occupation (month and year) Dec 1928 Total time (years) spent in this occupation 35 yrs12 BIRTHPLACE (City) East Boston  
(State or country) Mass.

13 NAME OF FATHER Thomas Lynch

14 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

15 MAIDEN NAME OF MOTHER Julia O'Callahan

16 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)17 Informant (Address) Mary A. Sheridan, 881 Vermont Ave., W. Roxbury  
Relation, if any (Agent of Board of Health or other)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/17/38

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 16 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov-8, 1938, to Nov-16, 1938.

I last saw him alive on Nov-16, 1938, death is said

to have occurred on the date stated above, at 10:00 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

General Arterio-sclerosis Years -

Contributory causes of importance not related to principal cause:

Broncho-Pneumonia - Nov-13-38

Name of operation 0 Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Edward J. Franzen

(Signed) M. D.

(Address) 200 Washington St. Date Nov 17 1938

21 Place of Burial, Cremation or Removal Holyhood Brookline  
(City or Town)

DATE OF BURIAL Nov 18 1938

22 NAME OF FUNERAL DIRECTOR David J. Dooley

ADDRESS 135 Linden St. E. Boston

Received and filed. 19

(Registrar)

# A RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various suits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been the same or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at home housework, write a woman whose only occupation was that of housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK, HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SHIRNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STEAMBOAT ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, nor the mode of dying, e. g., heart failure, asphyxia, asphyxiated. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

## Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.**

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement defining the facts required by law to be returned, accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a statement of the facts hereinafter provided. If there is no attending physician early enough for the purpose, his certificate cannot be obtained early enough for the purpose, or is insufficient, or if by the selection for the purpose, of health, or employment by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall issue such certificate. If such a permit for the removal of a human body, not previously obtained, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body, has been sooner obtained hereunder. If the death certificate contains a racial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such racial shall appear upon such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 43, G. L. (TERCENTENARY EDITION.)**

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 36, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—GEN. LAWS, CHAP. 36, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until it has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, and the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**



1

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. Station Hospital, Fort Banks, Mass. St.

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 219

2 FULL NAME WILLIAM G. FITZGERALD

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) World War

(a) Residence. No. 21 Newbury

(Usual place of abode)

St. Quincy, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred - yrs. - mos. - days. How long in U. S., if of foreign birth? - yrs. - mos. - days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)
Male	White	Married	

5a If married, widowed, or divorced

HUSBAND of Agnes True

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 48 Years 2 Months 24 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, warrant Officer

9 Industry or business in which work was done, as silk mill, U. S. Army

10 Date deceased last worked at this occupation (month and year) Oct. 10, 1938 11 Total time (years) spent in this occupation 26

12 BIRTHPLACE (City) Boston (State or country) Massachusetts

13 NAME OF FATHER Unknown Fitzgerald

14 BIRTHPLACE OF FATHER (City) Unknown (State or country)

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Unknown (State or country)

17 Informant Registrar, Sta Hosp Ft. Banks, Mass. (Address)

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Nov 2 - 1938

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 16th 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1938, to Nov. 16, 1938.

I last saw him alive on Nov. 16, 1938, death is said

to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Tumor, multiple mediastinum and left lung. Type and cause undetermined. Unknown

Date of Onset

Contributory causes of importance not related to principal cause:

Name of operation Autopsy Date of What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Joseph Rich

(Signed) JOSEPH RICH, 1st Lt. R.C. M.D.

(Address) Fort Banks, Mass. Date Nov. 16, 1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Cemetery Virginia (Cemetery) (City or town)

DATE OF BURIAL Nov. 20, 1938

22 NAME OF UNDERTAKER Murray &amp; Sons, 100 West 11th

ADDRESS 257 Beach St. Revere

Received and filed NOV 21 1938

A TRUE COPY, ATTEST:

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw? factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman*, and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1913
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<b>Contributory causes of importance not related to principal cause:</b>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....  
*Gen. Laws, Chap. 46, Sec. 9.*

**Gen. Undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the Board of Health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided shall constitute a permit for such removal, provided that the said body shall be returned to the town from which it was removed within the forty-eight hour period herein set, unless a permit to the usual form for the removal of such body is subsequently obtained hereunder. If the death certificate contains a legal opinion by a section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counterissue it, and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice, which will certify to such deaths only as those of persons to whom it has been given feasible care during a last illness from disease unconnected with injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths *unavoidably due to injury*. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



1

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. Winthrop Community Hospital St.,

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Annie Dean  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U.S.  
War Veteran  
specify WAR)

(a) Residence. No. 288 Meridian St.,

Ward, East Boston  
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widow

5a If married, widowed, or divorced

HUSBAND of Richard Dean  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years - Months - Days If less than 1 day Hours - Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10 Date deceased last worked at this occupation (month and year) Nov 1938 11 Total time (years) spent in this occupation 45 yrs

12 BIRTHPLACE (City) Southham N.B.  
(State or country)

13 NAME OF FATHER Norman Mc Innis

14 BIRTHPLACE OF FATHER (City) P.E.I.  
(State or country)

15 MAIDEN NAME OF MOTHER Margaret Murphy

16 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)17 Informant (Address) Joseph R. Dean (SON)  
288 Meridian St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other Health Officer) 11/19/38

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 220

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 18, 1938  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1938, to Nov. 18, 1938  
I last saw her alive on November 17, 1938, death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Hypostatic Pneumonia 11/16/38  
Date of Onset IMPORTANT

Contributory causes of importance not related to principal cause:

Ruptured Gall Bladder 11/10/38  
Chronic PeritonitisName of operation Laparotomy Date of Nov 11, 38  
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify George H. Edwards M.D.

(Signed) 19 November 38 Date 11/18/38

21 Holy Cross Malden  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov 21, 1938

22 NAME OF FUNERAL DIRECTOR David J. Dooley

ADDRESS 135 London St. E. Boston

Received and filed NOV 21 1938 19

(Registrar)

## RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person who he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, the name of the physician or officer and the date of his death. GEN. LAWS, CHAP. 46, SEC. 9.

**Undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned, and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after the removal, and shall be buried in the usual form for the removal of such body, has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section one, or chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, to the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by a recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed; investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly and indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, from electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-35. No. 6156F

PLACE OF DEATH

1

*Sudbury 12/9/38*  
*Suffolk*  
(County)  
*Kinthrop*  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

221

Registered No.

No. *42 Lewis Ave* St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *James Peetman Gill* (If U. S. War Veteran specify WAR)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *Hudson Road* St. Ward *Sudbury mass*  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years *6* months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED (write the word)  
*WIDOWED* *married*

5a If married, widowed, or divorced, HUSBAND of *Ruth Florence Ham*  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *66* Years *9* Months *12* Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Mailing Clerk*  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Boston Globe*  
10 Date deceased last worked at this occupation (month and year) *retired* 11 Total time (years) spent in this occupation *27 1/2*

12 BIRTHPLACE (City) *Boston*  
(State or country) *mass*

13 NAME OF FATHER *Henry Franklin Gill*

14 BIRTHPLACE OF FATHER (City) *Princeton*  
(State or country) *mass*

15 MAIDEN NAME OF MOTHER *Clara Augusta*  
*Standish*

16 BIRTHPLACE OF MOTHER (City) *Bath*  
(State or country) *me.*

17 Informant *Mrs James Gill* (Relation, if any)  
(Address) *Sudbury mass*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other Health Officer *Wm. D. Childress*  
(Official Designation) (Date of Issue of Permit) *11/19/38*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Nov* *18* *1938*  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *noon* to *noon*, 19*38*, death is said to have occurred on the date stated above, at *12:15 P.m.*

The principal cause of death and related causes of importance in order of onset were as follows:

*Natural Causes, probably*  
*Chronic myocarditis*  
Date of Onset *Nov 18 1937*  
**IMPORTANT**

Contributory causes of importance not related to principal cause:

Name of operation *no* Date of *no*  
What test confirmed diagnosis? *history* Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *gunshot* (Signed) *Wm. D. Childress*, M. D.  
(Address) *Wentworth Bldg of Health* Date *Nov 19 1938*

21 *Wood Rawn* *Everett* *mass*  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL *Nov. 20* *1938*

22 NAME OF UNDERTAKER *George H. Rong*  
ADDRESS *1919 Mass Ave. Cambridge*

Received and filed *NOV 26 1938* 19*38*

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write a woman in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, *E. G.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cardiac hemorrhage</i>	July 5, 1922
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

## RETURN OF CERTIFICATES OF DEATH

**A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.**

**No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent approved of the town, or if there is no such board, from the clerk of the town where the body is to be buried, and no undertaker or other person shall exhumate a human body, and no undertaker shall remove a body from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or from one cemetery until he has received a permit from the board of health or its agent approved of the town, or if there is no such board, from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided, and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given shall forthwith countersign it and transmit it to the clerk of the town for registration. Any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)**

**MEDICAL EXAMINERS** shall make examination upon the view of the bodies of only such persons as are supposed to have died by violence.—GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-35, No. 6156E

1 PLACE OF DEATH  
Suffolk County  
Winthrop  
(City or Town)

2 FULL NAME  
Daniel W. Kane  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 16 Revere St. Everett Mass  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 222

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Worker

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.

10 Date deceased last worked at this occupation (month and year) 1930 11 Total time (years) spent in this occupation 38

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER Patrick Kane

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Bridget Feeley

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant Helen Kane (Address) 16 Revere St. Everett Mass (Relation, if any)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 18 (18) 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from August 5, 1938, to Nov 18, 1938. I last saw him alive on Nov 18, 1938, death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:  
Duodenal Ulcer - 1935

Contributory causes of importance not related to principal cause:  
Hypertrophy of Prostate Gland ?

Name of operation Supra-bubic Drain Date of Oct 5-1935  
What test confirmed diagnosis? X-ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify (Signed) Edward J. Frainger, M.D.  
(Address) 200 Washington St. Date 7 Nov 1938

21 Place of Burial, Cremation or Removal Holy Cross Malden Mass (City or Town)  
DATE OF BURIAL Nov 21 1938 19

22 NAME OF UNDERTAKER Daniel P. Shea  
ADDRESS Jamaica Plain

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
W. P. Childers  
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) 11/19/38

Received and filed NOV 26 1938 19  
A TRUE COPY ATTEST (Registrar)

# RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children. For a woman whose only occupation was that of home housework, write in answer to Question 8 and own home, in answer to Question 9. For a person engaged in domestic service, as however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, APPRENTICE, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, NOT the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

## Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, denied as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent appointed to issue such permits of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned, and recorded, which shall be accompanied, in case of an original and any as required by law, or in lieu thereof a certified copy as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained, a physician who is a member of the board of health, or employed to make the certificate required for the purpose, shall upon application make it or by the selectmen for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body not previously interred, from one town to another, within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided for the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, to the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons whom they have given bedside care during a last illness, from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## RULES OF PRACTICE



PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 83 Chester Ave.,

St.,

Ward

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

Registered No.

223

2 FULL NAME Helen Frances Hoar

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 83 Chester Ave.

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U.S., if of foreign birth?

years

months

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED  
WIDOWED  
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 3 Years 4 Months 18 Days If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9 Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10 Date deceased last worked at  
this occupation (month and  
year)11 Total time (years)  
spent in this  
occupation12 BIRTHPLACE (City)  
(State or country)Winthrop  
Massachusetts13 NAME OF  
FATHER

William F. Hoar

14 BIRTHPLACE OF  
FATHER (City)  
(State or country)East Boston  
Massachusetts15 MAIDEN NAME  
OF MOTHER

Helen M. Owens

16 BIRTHPLACE OF  
MOTHER (City)  
(State or country)South Boston  
Massachusetts

17

Informant William F. Hoar (Father)  
(Address) 83 Chester Ave., Winthrop

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD  
CERTIFICATE OF DEATH(If death occurred in a hospital or institution,  
give its NAME instead of street and number)(If U. S.  
War Veteran  
specify WAR)

(If nonresident, give city or town and state)

How long in U.S., if of foreign birth?

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF  
DEATHNov. 19 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct. 19, 1938, to Nov. 19, 1938

I last saw him alive on Nov. 15, 1938, death is said

to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance in order of onset  
were as follows:

Date of Onset

Contributor causes of importance not related to principal cause:

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. M. D.  
(Address) 1147 193821 Holyhood Brookline  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 20 1938

22 NAME OF  
UNDERTAKER John J. O'Malley

ADDRESS Winthrop, Massachusetts

Received and filed NOV 26 1938 19

A TRUE COPY ATTEST

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, that the relative healthiness of various pursuits can be compared. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY COOK—HOTEL. For a person who had no occupation whatever write NONE.

o The trade, profession, or particular kind of work done.

9. The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation..

In stating the occupation, avoid the use of such indefinite terms as "employee," "man," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Findings are carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give "distinguish" occupation, as CARPENTER, MECHANIC, etc. Distinguish carefully between "merchants" and wholesale merchants. Goods sold on wheels should be called a salesman and not a clerk.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., pneumonia, influenza, hemorrhage, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

	Date of Onset
	1915
	1921
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	
Contributory causes of importance not related to principal cause	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, complete and sign a certificate of death, and, if possible, the last illness, at the request of an undertaker or the deceased or his person or of any member of his family, and shall deliver the certificate to the undertaker, or to the person or member of the family, for registration. A stamp bearing the name of the deceased, his signature and the date of his death, and the date of the certificate, shall be affixed to the certificate, and the date of the certificate shall be the date of the death of the deceased, unless the date of his death is ascertained by the physician or registered hospital medical officer, and in that case the date of his death shall be the date of his death.

Gen. Laws, Chap. 46, Sec. 9.

GEN. LAWS, CHAP. 46, SEC. 9.

1. **No human body or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned, and recorded, which shall be accompanied, in case of an original burial, by a satisfactory certificate of the attending physician, or if none, by a statement by law or in accordance with the regulations provided for, of his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided

and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any way in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERMINARY EDITION.)

**Medical examiners.**—shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —GEN. LAWS, CHAP. 38, SEC. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury any human body or the remains of a human being in any place other than the commonwealth cemetery, which have been brought into the commonwealth, unless he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the body is to be buried; and the funeral is to be held, or from a person appointed to have the funeral is to be held, or on a burial ground in which the interment of the remains of human bodies is made. (CHAPTER 114, SEC. 6, G. L. (TREASURY EDITION).)

## RULES OF PRACTICE

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners**—These individuals investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly by the act of trauma, but also deaths resulting from the transmission of chemical (including drugs or poisons), thermal, electrical, and mechanical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.



Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 '36, No. 9080 F

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Hospital

St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Baby) Olson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 266 Woodside Ave.

(Usual place of abode)

St. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female

White

MARRIED  
WIDOWED  
or DIVORCED Single

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

Stillborn

7

AGE.....Years.....Months.....Days If less than 1 day

Hours.....Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10 Date deceased last worked at this occupation (month and year)

11 Total time (years)

none spent in this occupation

12 BIRTHPLACE (City) Winthrop

(State or country)

Mass

13 NAME OF FATHER

Albert Olson

14 BIRTHPLACE OF FATHER (City)

Winthrop

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Mildred

O Connell

16 BIRTHPLACE OF MOTHER (City)

Somerville

(State or country)

Mass.

17

Informant (Address)

Albert Olson

Father

266 Woodside Ave. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 224

(If U. S.

War Veteran  
specify WAR)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Nov

21

1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw her alive on Nov 21, 1938, death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset  
IMPORTANT

Still born

Came in from

Contributory causes of importance not related to principal cause:

Name of operation home Date of What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Raymond B. Parker, M. D.

(Address) Winthrop, Mass. Date 11/23/1938

21. Winthrop Winthrop

Place of Burial, Creation or Removal (City or Town)

DATE OF BURIAL Nov. 25 1938 19

22 NAME OF UNDERTAKER

ADDRESS 147 Winthrop St. Winthrop Mass.

Received and filed NOV 26 1938 19

(Registrar)

**Statement of occupation.**—This statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Take some entry in this section for every person aged 15 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, give the occupation prior to retirement. Children not yet employed may be returned as at school or at home. For example, in answer to Question 7, if a man worked in a housework in answer to Question 8 and owns home in answer to Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY COOK—HOTEL, etc. For a person who had no occupation whatever—write NONE.

To be complete, an occupation return must state:

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "workman," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

**Statement of Cause of Death.** Cause of death means the disease or condition which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

Date of Onset

1915

*Chronic interstitial nephritis*

July 5, 1927

*Cerebral hemorrhage*

**Contributory causes** of importance not related to principal cause:

[illegible]

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or the deceased's family or of any member of the family, furnish to the best of his knowledge and belief the name of the deceased, his supposed age, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the cause of his death.

**GEN. LAWS, CHAP. 46, SEC. 9.**

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose by law. If death is caused by violence, the medical-examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of the undertaker, made as above provided, and in the possession of the undertaker, may be used to make such removal, shall be returned to the board of health, or its agent, at such town, within six hours after such removal, unless a permit is obtained hereunder. If the removal of such body has been sooner obtained hereunder, If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45. G. L. (Terminatory Edition.)

**Medical examiners.**—Gen. Laws, Chap. 38, Sec. 6. The medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . If he shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury any human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. —CHAP. 114, SEC. 46G, I. (THIRTEENTH EDITION)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Metal Examiner** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by trauma (including penetrating, blunt, and by the action of chemical (drugs or poisons), thermal, electrical agents, and death following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



INFORMATION should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
**MEDICAL EXAMINER'S  
 CERTIFICATE OF DEATH**

To be filed for burial  
 permit with Board of  
 Health or its Agent.

Registered No. 225

1 PLACE OF DEATH Supplies  
 (County)  
Winthrop  
 (City or Town)  
 No. 127 Buchanan St St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine F. McDanough  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
 War Veteran,  
 specify WAR)

(a) Residence. No. 127 Buchanan St St., Winthrop Ward,  
 (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX 7 4 COLOR OR RACE W 5 SINGLE MARRIED (write the word)  
 WIDOWED married  
 or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Dudley McDanough  
 (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years Months Days If less than 1 day  
 Hours Minutes

8 Trade, profession, or particular kind of work done, as apicoer, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10 Date deceased last worked at this occupation (month and year) Nov 21-38 11 Total time (years) spent in this occupation 45 yrs

12 BIRTHPLACE (City) Ireland  
 (State or country)

13 NAME OF FATHER (Cornelius) DUBAN  
Dovaline McDanough

14 BIRTHPLACE OF FATHER (City) Ireland  
 (State or country)

15 MAIDEN NAME OF MOTHER Anna Fitzgerald

16 BIRTHPLACE OF MOTHER (City) Ireland  
 (State or country)

17 Informant Dudley McDanough  
 (Address) 127 Buchanan St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers  
 (Signature of Agent of Board of Health or other)  
 Health Officer (Date of Issue of Permit) 11/26/38

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH November 22-1938  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

acute Cardiac Failure  
chronic myocarditis

collapsed & died quickly

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?  
 (Signed) Wm. D. Childers M. D.  
 (Address) 127 Buchanan St Date Nov 22-1938

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden  
 (Cemetery) (City or town)

DATE OF BURIAL Nov 26 1938 19

22 NAME OF UNDERTAKER F. J. Ryan  
 ADDRESS 1978 Beacon St E Boston

Received and filed. 19

**NOV 26 1938**

(Registrar)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

### RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

### STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

### DESCRIPTION (for unknown person)

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 99 Winthrop St.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 226

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(If U. S.

War Veteran

specify WAR)

2 FULL NAME Melinda Thompson Laird

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 99 Winthrop St.

St.

Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 40 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Warren L. Laird

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

6 6

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

North Tyron

(State or country)

R.E.I.

13 NAME OF FATHER

Charles Thompson

14 BIRTHPLACE OF FATHER (City)

North Tyron

(State or country)

R. E. I.

15 MAIDEN NAME OF MOTHER

Jane Mc Williams

16 BIRTHPLACE OF MOTHER (City)

North Tyron

(State or country)

P.E.I.

17

Informant (Address)

Nathan F. Gorham

Relation, if any

Exec.

Gorham Rd. South Harwich Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

Nov. 24 1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 11, 1936, to Nov 24, 1938.

I last saw him alive on Nov 24, 1938, death is said

to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of stomach, liver

Date of Onset

IMPORTANT

Dec 11 1936

Contributory causes of importance not related to principal cause:

Pneumonia

9/24/34

Name of operation

None

Date of

What test confirmed diagnosis?

Barium

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond C. Parker

M. D.

(Address) Winthrop Mass

Date Nov 24 1938

Winthrop

Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov. 28 1938

19

22 NAME OF UNDERTAKER

ADDRESS 147 Winthrop St. Winthrop

Received and filed 1938 19

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPRINGER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of complication not related to principal cause, name other important diseases.

#### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Aortic aneurism</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended and whose last illness, at the request of an individual, the deceased husband, person or of any member of the family, has been attended, furnish for registration a standard certificate of death stating to the best of his knowledge and belief the name of the deceased, his supposed age, the diseases of which he died, defined as required by section one, have same as was contracted, the duration of his last illness, his death, have seen alive by the physician or officer and the names of his family.

GEN. LAWS, CHAP. 46, SEC. 9

**No undertaker or other person** shall bury or otherwise dispose of any human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITIONS.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . (GEN. LAWS, CHAP. 38, SEC. 6.)  
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . —CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITIONS.)

#### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



PLACE OF DEATH

1

Suffolk  
 (County)  
 Winthrop  
 (City or Town)



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS

To be filed for burial permit  
 with Board of Health  
 or its Agent.

STANDARD  
 CERTIFICATE OF DEATH

Registered No. 227

No. 24-Forest St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Moro  
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
 War Veteran  
 specify WAR)

(a) Residence. No. 24 Forest St., Ward, Winthrop  
 (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 19 years months days. How long in U.S., if of foreign birth? 30 years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED Widowed or DIVORCED (write the word)

18 DATE OF DEATH November 27 1938  
 (Month) (Day) (Year)

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Joseph Moro (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Nov 26, 1938. I last saw her alive on 11-26-38, 1938, death is said to have occurred on the date stated above, at 12 m. 11-27-38

6 IF STILLBORN, enter that fact here.

The principal cause of death and related causes of importance in order of onset were as follows: myocardial failure chronic nephritis

7 AGE 73 Years Months Days If less than 1 day Hours Minutes

Date of Onset IMPORTANT

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horsework 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

Contributory causes of importance not related to principal cause: arterio sclerosis

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Morris Spivack

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) Louis Moro (Son) 24 Forest St. Winthrop

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Spivack M. D. (Address) 14 Forest St. Winthrop Date Nov 27 1938

21 Place of Burial, Cremation or Removal Winthrop City, Everett, Mass. DATE OF BURIAL Nov. 28 1938

22 NAME OF UNDERTAKER Emanuel Flanetsky ADDRESS 18 Wash. St. Dor.

Received and filed 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Health Officer 11/25/38 (Signature of Agent of Board of Health or other) (Date of Issue of Permit)

DEC 6 1938

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of mechanics by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MIXING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashtemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:

.....	Date of Onset
<i>Arteriosclerosis</i> .....	1915
<i>Chronic interstitial nephritis</i> .....	1921
<i>Cerebral hemorrhage</i> .....	July 5, 1927

Contributory causes of importance not related to principal cause:

.....
.....
.....
.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

## RETURN OF CERTIFICATES OF DEATH

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit for the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required, by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which may be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TENCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TENCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, and those of persons **found dead**.





**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

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### Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Coronary hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:


In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit as required by section ten of chapter forty-six has been sooner obtained hereunder. If the death certificate contains a recital, served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, shall forthwith, upon receipt of such statement and certificate, shall forthwith, upon sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . Gen. Laws, Chap. 38, Sec. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise—a description as full as may be,—with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, and the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.



DEC 6 1938 (Registrar)

# EXTRACTS

FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

### RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...—*Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

### RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

### STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

### DESCRIPTION (for unknown person)

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

Winthrop  
(City or town making return)

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 230

No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Broderick  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 50 Hooker Avenue St., Ward, Somerville, Mass.  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop  
(State or country) Mass.

13 NAME OF FATHER John Broderick

14 BIRTHPLACE OF FATHER (City) Winthrop  
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Agatha Blades

16 BIRTHPLACE OF MOTHER (City) Cape Sable Is.  
(State or country) N. S.

17 Informant (Address) Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH April 9 1938  
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from  
19....., 19....., to....., 19.....I last saw h..... alive on....., 19....., death is said  
to have occurred on the date stated above, at.....m.The principal cause of death and related causes of importance in order of onset  
were as follows:

Date of Onset

Stillborn

Contributory causes of importance not related to principal cause:

(4 1/2 Months Fetus was sent  
to Dr. J. Stewart Rooney,  
Pathological Lab.)Name of operation..... Date of.....  
What test confirmed diagnosis? clinical laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob J. Broderick, M. D.

(Address) 502 Broadway, Boston, Mass. Date Dec 19 1938

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL 19.....

22 NAME OF UNDERTAKER

ADDRESS

Received and filed. DEC 16 1938 19.....

A TRUE COPY ATTEST

(Registrar)

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forth-

with, after the death of a person who has been attended during his last illness, at the request of the undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a duly filled certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 114, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death. GEN. LAWS, CHAP. 46, SEC. 9.

**Statement of occupation.**—[Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.]

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STRAIGHT ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, as a heart failure, asphyxia, asthma, etc. As principal cause, name the disease causing death. As related causes, name certain important conditions, if any, related to the principal cause and of important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of Onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i> .....	1915
<i>Current interstitial nephritis</i> .....	1921
<i>Cerebral hemorrhage</i> .....	July 5, 1927
Contributory causes of importance not related to principal cause:.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

with, after the death of a person who has been attended during his last illness, at the request of the undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a duly filled certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 114, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death. GEN. LAWS, CHAP. 46, SEC. 9.

**Undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb of other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough and in the purpose, the certificate of death made as above provided for and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town where it was interred within thirty-six hours after the removal, unless a permit in the usual form for the removal of such body has been sooner obtained and delivered. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served the army, navy or marine corps of the United States during war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (THIRTY-CENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.  
...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (THIRTY-CENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include deaths resulting directly or indirectly from traumatic influences resulting from physical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 1490

Cambridge

(City or town making return)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

2 FULL NAME Florence Creed Neil

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

231

(a) Residence. No. Winthrop Arms Hotel

St.

Ward

Winthrop

(Usual place of abode)

Cliff Ave.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Michael J. Creed

(husband and maiden name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 70

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

South Boston

(State or country)

Mass.

13 NAME OF FATHER

Thomas Neill

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Agnes Bassett

16 BIRTHPLACE OF MOTHER (City)

(State or country)

So Boston

Mass.

17

Informant (Address)

Thomas Creed

son

A TRUE COPY.

ATTEST:

Nov 29 1938

(Registrar of city or town where death occurred)

DATE FILED

Frederick H. Burke

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Nov 26 1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug 22

1938, to

Nov 26

1938

I last saw him alive on Nov 26 1938 death is said

to have occurred on the date stated above, 8 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Arterio Sclerosis

2 yrs

Contributory causes of importance not related to principal cause:

Cardio renal

1 yr

Hypertension

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Leo T. Myles M. D.

(Address) 1776 Mass. Ave. Date 11/27 38

21 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Josephs

(Cemetery)

Boston

(City or town)

DATE OF BURIAL Nov 28 1938 19

22 NAME OF UNDERTAKER

William F. Spencer

ADDRESS So Boston Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

ROSEN



DEC 13 1968 AM



The Commonwealth of Massachusetts



OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

BROOKLINE

(City or town making return)

Registered No. 232

1 PLACE OF DEATH  
NORFOLK  
(County)  
BROOKLINE  
(City or Town)  
No. 910 BOYLSTON St., Ward

{ (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME SUSAN A. PATRICK  
(It deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran,  
specify WAR)

(a) Residence. No. 35 LOWELL ROAD St., Ward, WINTHROP, MASS.  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female  
4 COLOR OR RACE White  
5 SINGLE MARRIED (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married

5a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Samuel Patrick  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years Months Days If less than 1 day  
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home  
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Marlboro  
(State or country) N. H.

13 NAME OF FATHER Charles R. Applin  
14 BIRTHPLACE OF FATHER (City) Troy  
(State or country) N. H.  
15 MAIDEN NAME OF MOTHER Silina Bourne  
16 BIRTHPLACE OF MOTHER (City) Richmond  
(State or country) N. H.

17 Informant Samuel Patrick (Husband)  
(Address) 35 Lowell Road, Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Town Clerk December 3, 1938  
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 1 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Chronic myocarditis

Angina pectoris

Congestive heart failure

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident, Date of injury 19  
Suicide or  
Homicide ?

Where did injury occur? (City or town and State)

Manner of Injury  
Nature of Injury

21 Was disease or injury in any way related to occupation of deceased? no  
If so, specify Benjamin W. Rudman, M. D.  
(Signed) (Address) 68 Bay State Rd. Boston 12/1 19 38

22 PLACE OF BURIAL, CREMATION OR REMOVAL Puritan Lawn, Lynnfield  
(Cemetery) (City or town)  
DATE OF BURIAL December 4 19 38

23 NAME OF UNDERTAKER Richard H. White  
ADDRESS Winthrop

Received and filed December 3, 19 38

A TRUE COPY, ATTEST: (Registrar)

RECEIVED



DEC 13 1938 AM



tion should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 233

No. 114 Brookfield Road

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bernard Francis Mellen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 114 Brookfield Road

(Usual place of abode)

St., Ward.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

6a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Policeman  
10 Date deceased last worked at this occupation (month and year) 1935 11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Charlestown  
(State or country) Massachusetts

13 NAME OF FATHER Michael Mellen

14 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

15 MAIDEN NAME OF MOTHER Jane O'Donnell

16 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)

17 Informant Ellen L. Barry (Address) 114 Brookfield Rd., Winthrop Relation, if any (sister)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH December - 2 - 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from October 12, 1938, to December 2, 1938

I last saw him alive on December 2, 1938, death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of Stomach - One year  
Cirrhosis - Liver - Years

Contributory causes of importance not related to principal cause:

Hemorrhage - 2 days

Name of operation Date of operation  
What test confirmed diagnosis? X-ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. J. Traugott, M. D.  
(Address) 200 Wadsworth St. Dec 2, 1938

2 Mt. Auburn Watertown

Place of Burial, Cremation or Reception (City or Town)

DATE OF BURIAL December 4, 1938

22 NAME OF UNDERTAKER John J. O'Malley

ADDRESS Winthrop, Massachusetts

Received and filed DEC 6 1938 19

A TRUE COPY ATTEST

(Registrar)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children, for example, employed may be returned as at school, or at home. For a woman whose only occupation was that of housework, write "housework" in answer to Question 8, and own, in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish, carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STEAMWAY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related cause name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

**A physician or registered hospital medical officer** shall forthwith, at the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit is not obtained, no human body, not previously buried, and from one town to another, within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided for, until the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, to the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any recent injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, if disabled by recognized disease unrelated to any recent injury, have died without recent medical attendance, whose physician is absent from home when the occurrence of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **unavoidable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septi-cemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 '36. No. 9080 F

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

234

No. 260. River Road St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2 FULL NAME

Harry Borowsky

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 260 River Road St. Ward, Winthrop  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 18 years months days. How long in U.S., if of foreign birth? 40 years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married  
6a If married, widowed, or divorced HUSBAND of James Rubin  
(Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperclacker  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paperclacker  
10 Date deceased last worked at this occupation (month and year) March 1938 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Samuel Borowsky

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Bessie Conant Belmont

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Samuel A. Borowsky Son  
(Address) 29 Lancaster St. Brookline

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/4/38

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 4 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 1938, to Dec 4, 1938  
I last saw him alive on Dec 4, 1938; death is said to have occurred on the date stated above, at 7:34 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Hypertension  
Myocarditis

Contributory causes of importance not related to principal cause:

Colostomy

Date of Onset  
IMPORTANT

Jan 1938

Jan 30

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) J. A. Cohen M. D.  
(Address) 108 Meridian St. Date 12/4/1938

21 Place of Burial, Cremation or Removal (City or Town) Winthrop  
DATE OF BURIAL Dec 4 1938

22 NAME OF UNDERTAKER Samuel Stanitsky  
ADDRESS 10 Washington St. Dorchester

Received and filed. DEC 6 1938 19

(Registrar)

## Statement of occupation.

To be complete, an occupation return must state:

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.**

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, such as CARPENTER, MECHANIC, MACHINIST, ETC. A person who sells goods should be called a salesman and not a clerk.

**Statement of Cause of Death**—Cause of death means the disease or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, ashenia, etc. A principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of diseases, not related to principal cause, name other important

The **principal cause of death** and related causes of importance in order of onset were as follows:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GEN. LAWS, CHAP. 46, SEC. 9

**No Undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the Commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided for, and the certificate of the undertaker desiring to make such a removal, shall constitute a permit for such removal, and such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a statement as required by section ten of chapter forty-six, of the United States, as required by section ten of chapter forty-six, of the United States, in any war in which it has been engaged, such rectal shall counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERMINAL EDITION.)

**Medical examiners.**—shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —Gen. Laws, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —Gen. Laws, CHAP. 38, SEC. 7.

No undertaker or other person shall bury any human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. —CHAP. 114, SEC. 46G, I. (TRICENTENARY EDITION)

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

**3) Medical Examiners** will investigate and certify to all deaths (supposedly) **due to injury.** These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.



PHYSICIANS should state CAUSE OF DEATH EXACTLY. Age should be stated EXACTLY. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

7-301A

100m 11-36. No 9080 F

1 PLACE OF DEATH  
Suffolk (County)  
Winthrop (City or Town)  
No. 55 Highland Ave St. Ward

2 FULL NAME Edwin James Nealis  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. 55 Highland Ave St. Ward  
(Usual place of abode)  
Length of residence in city or town where death occurred 1 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)
6a If married, widowed, or divorced HUSBAND of Alice Palmer (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 IF STILLBORN, enter that fact here.		
7 AGE 63 Years Months Days If less than 1 day Hours Minutes		
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office	
	10 Date deceased last worked at this occupation (month and year) Aug 1938 11 Total time (years) spent in this occupation 40	
12 BIRTHPLACE (City) (State or country) Canada		
PARENTS	13 NAME OF FATHER Simon Nealis	
	14 BIRTHPLACE OF FATHER (City) (State or country) Ireland	
	15 MAIDEN NAME OF MOTHER Olive Rice	
	16 BIRTHPLACE OF MOTHER (City) (State or country) Canada	
17 Informant Mrs Leonard Hubbard (Address) 55 Highland Ave Winthrop Relation, if any Father		

I HEREBY CERTIFY that a satisfactory standard certificate of death was filled with me BEFORE the burial or transit permit was issued:  
Wm D Childers (Signature of Agent of Board of Health or other)  
H O (Official Designation) Dec 9/38 (Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH



To be filled for burial permit  
with Board of Health  
or its Agent.  
Registered No. 235

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
(If U. S. War Veteran specify WAR)

18 DATE OF DEATH 12 8 38 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Sept 1, 1938, to Dec 8, 1938.  
I last saw him alive on Dec 8, 1938, death is said to have occurred on the date stated above, at 3 P. M.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Chronic Endocarditis Nov 1/38  
Contributory causes of importance not related to principal cause: Chronic Nephritis 1  
Name of operation Data of What test confirmed diagnosis? Was there an autopsy?  
20 Was disease or injury in any way related to occupation of deceased? No  
If so, specify  
(Signed) H. G. Cassidy, M. D.  
(Address) 1113 Columbus Ave Date 1938  
21 Catholic Cemetery Frederickton N.B.  
Place of Burial, Cremation or Removal (City or Town) 38  
DATE OF BURIAL Dec 10 1938  
22 NAME OF UNDERTAKER John B. Cassidy  
ADDRESS 1113 Columbus Ave 110X  
Recalvad and filed DEC 10 1938  
(Registrar)

**Statement of occupation.**—Private statement of occupation is so important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MIXING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. Is the principal cause, namely the disease causing death, is related to the principal cause and any important conditions, if any, related to the principal cause and any important complications of the principal cause. Enter contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the first causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. If the principal cause in the above example happens to be the second cause given.

## RETURN OF CERTIFICATES OF DEATH

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to said board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign and transmit to the clerk of the town for registration. The person upon whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained, as to the deceased, or as to the manner in which he died, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION).

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **inapposibly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



Age should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-12-35, No. 6156E

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 37 Banks St.

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 236

2 FULL NAME Sarah L. Steves Thompson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)(a) Residence. No. 37 Banks St.  
(Usual place of abode)St., Ward.  
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Charles F. Thompson  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10 Date deceased last worked at this occupation (month and year) Dec. 1937

11 Total time (years) spent in this occupation 28

12 BIRTHPLACE (City) Moncton  
(State or country) N.B.

13 NAME OF FATHER William Steeves

14 BIRTHPLACE OF FATHER (City) New Brunswick  
(State or country)

15 MAIDEN NAME OF MOTHER Mary Lutz

16 BIRTHPLACE OF MOTHER (City) New Brunswick  
(State or country)17 Informant C. J. Thompson Relation, if any (Husband)  
(Address) 37 Banks St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 12/10/38

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 9 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 7, 1938, to December 9, 1938.

I last saw her alive on December 7, 1938, death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma large bowel Date of Onset Dec. 1937  
Intestinal obstruction (partial) May 1938

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John H. C. Moley, M. D.

(Address) Winthrop, Mass. Date 12/9/1938

21 Winthrop Winthrop  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec. 11, 1938 19

22 NAME OF UNDERTAKER John H. C. Moley

ADDRESS Winthrop

Received and filed 19

A TRUE COPY ATTEST

(Registrar)

DEC 10 1938

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, furnish any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. Give the principal cause, name the disease causing death. As related cause, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if the body is to be buried on the clerk of the town where the body is to be buried, from the clerk of the town where the body is to be buried, the funeral is to be held, or on a day and a place appointed to have the care of the cemetery burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (TERRENTINARIY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . Gen. Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if the body is to be buried on the clerk of the town where the body is to be buried, from the clerk of the town where the body is to be buried, the funeral is to be held, or on a day and a place appointed to have the care of the cemetery burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (TERRENTINARIY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice: Each death only as those of persons to whom they have given medical care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** shall certify to such deaths only as those of persons who, although disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septiemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 162 Circuit Road

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

237

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

2 FULL NAME

Alice M. (Kelly) Clancy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence.

No. 162 Circuit Road

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U.S., if of foreign birth?

years

months

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Patrick J. Clancy

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

67

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home

10 Date deceased last worked at this occupation (month and year)

December 1938

11 Total time (years) spent in this occupation

45

12 BIRTHPLACE (City) (State or country)

Ireland

PARENTS

13 NAME OF FATHER

John Kelly

14 BIRTHPLACE OF FATHER (City) (State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Margaret Mealey

16 BIRTHPLACE OF MOTHER (City) (State or country)

Ireland

17

Informant (Address)

John P. Clancy

Relation, if any

(Son)

162 Circuit Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec

10

1938

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19...

to

19...

I last saw him alive on 19... death is said

to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Coronary embolism  
Hypertension  
(Life darkened period)  
by blood vessel

Contributory causes of importance not related to principal cause:

Hypertension  
(Known nephritis)Name of operation... Date of...  
What test confirmed diagnosis?... Was there an autopsy?...

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. P. Clancy

M. D.

Date 12/12/1938

21 Mount Benedict Boston

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL December 14, 1938

22 NAME OF UNDERTAKER

John F. O'Malley

ADDRESS Winthrop Massachusetts

Received and filed

19

A TRUE COPY ATTEST

(Registrar)





OF  
CAUSE AND MANNER OF  
DEATH IN plain terms, so that it may be properly classified under the International Classification of Causes  
of Death. See reverse side for extracts from the laws relative to the return of certificates of death.



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial  
permit with Board of  
Health or its Agent

Registered No. 238

1 PLACE OF DEATH *Suffolk* (County)  
*Winthrop* (City or town)  
No. *33 Atlantic Street* St., *Ward* { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME *Joseph X. Fournier* { (If U. S.  
War Veteran,  
specify WAR)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *33 Atlantic St. Winthrop* Ward, *Ward* (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *4* yrs. mos. days. How long in U. S., if of foreign birth? *45* yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Widow* (write the word)

5a If married, widowed, or divorced *Louise Beaudry*  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *76* Years *6* Months *21* Days If less than 1 day  
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cigar Maker*  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*  
10 Date deceased last worked at this occupation (month and year) *1933* 11 Total time (years) spent in this occupation *45 yrs.*

12 BIRTHPLACE (City) (State or country) *Canada*

13 NAME OF FATHER *Edward Fournier*

14 BIRTHPLACE OF FATHER (City) (State or country) *Canada*

15 MAIDEN NAME OF MOTHER *Catherine Stanford*

16 BIRTHPLACE OF MOTHER (City) (State or country) *Canada*

17 *By birth Certificate*  
Informant (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

*HENRY F. RILEY*  
(Official Designation)

(Date of Issue of Permit)

*DEC 18 1938*

*BOSTON HEALTH DEPT.*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *December - 12 - 1938*  
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

*General arteriosclerosis  
Probably arteriosclerotic Heart  
Disease*

*Found dead in his bed*

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed) *Mr. J. Bricker* M. D.  
(Address) *Boston* Date *12 - 19 38*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *St. Benedict's Rebury*  
(Cemetery) (City or town)

DATE OF BURIAL *December 19* 19 *38*

22 NAME OF UNDERTAKER *H. J. Brochu*

ADDRESS *158 Huntington Ave.*

Received and filed *19*

(Registrar)

*DEC 20 1938*

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . — *Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . — *General Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

### RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

### STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

### DESCRIPTION (for unknown person)

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 '36. No. 9080 F

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 33 Edgehill Rd.,

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 239

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

2 FULL NAME Almira F. Innis nee Milnes

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 33 Edgehill Rd.,

(Usual place of abode)

St.,

Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 years 6 months days.

How long in U. S., if of foreign birth? life months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)

Female White MARRIED WIDOWED or DIVORCED Widow

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William Wallace Innis (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 78 Years 5 Months 30 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no occupation

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Mass.

13 NAME OF FATHER Robert Milnes

14 BIRTHPLACE OF FATHER (City) Unknown (State or country) England

15 MAIDEN NAME OF MOTHER Caroline Wyke

16 BIRTHPLACE OF MOTHER (City) Unknown (State or country) England

17 Informant Ethel G. Innis (daughter) (Address) 33 Edgehill Rd., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH December 14 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 14, 1938, to December 14, 1938

I last saw her alive on December 14, 1938, death is said

to have occurred on the date stated above, at 4:12 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset  
IMPORTANT

Spontaneous abortion involving bladder - inguinal glands - (right)

Contributory causes of importance not related to principal cause:

Diabetes - 1936

Name of operation Date of What test confirmed diagnosis? microscope Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Henry L. Plummer, M. D. (Address) 726 Broadway St. Date Dec 15, 1938

21 Mt. Auburn Cambridge (City or Town) Place of Burial, Cremation or Removal DATE OF BURIAL December 16, 1938

22 NAME OF UNDERTAKER E. C. Rollins ADDRESS 300 Meridian St., F. Boston

Received and filed 19 DEC 21 1938

(Registrar)

# RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Write statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gaining employment may be returned as that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphemia, etc. As principal cause name the disease causing death. As related causes, name early morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

## Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Atherosclerosis</i> .....	1915
<i>Chronic interstitial nephritis</i> .....	1921
<i>Corboreal hemorrhage</i> .....	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or if an employed physician who is a member of the board of health or employed by it, or the statement for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such permit, the medical examiner of a human body not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as aforesaid provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **suspected due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH. In plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent

STANDARD  
CERTIFICATE OF DEATH

Registered No. ....

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)



No. 78 Main

St. .... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Abigail M Mahoney  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran  
specify WAR)

(a) Residence. No. 78 Main

(Usual place of abode)

St. .... Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 years months days. How long in U.S., if of foreign birth? 88 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

(write the word)

Female

White

WIDOWED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Cornelius J Mahoney  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

93

Years.....Months.....Days

If less than 1 day

Hours.....Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as apianer, sawyer, bookkeeper, etc.

At Home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

Dec 1938

11 Total time (years) spent in this occupation. 60

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF FATHER

Jeremiah Ahern

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Ellen Cotter

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Charles Mrs. J. McDonald (Daughter)  
78 Main St Winthrop

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

M. D. Childress  
(Signature of Agent of Board of Health or other)

140

(Official Designation)

Dec. 19-1938

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December 16

(Month)

1938

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

December 16, 1938, to December 16, 1938.

I last saw her alive on December 16, 1938, death is said

to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Generalized arterio-sclerosis

Terminal broncho-pneumonia 12/12/38

Contributory causes of importance not related to principal cause:

Name of operation.....Date of.....  
What test confirmed diagnosis?.....Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Arthur J. Murray, M. D.

(Address) Winthrop, Mass. Date 12/18/1938

21 Calvary Waltham  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec 19 1938

22 NAME OF UNDERTAKER

P. C. Kirby

ADDRESS Boston

Received and filed DEC 20 1938

(Registrar)

**Statement of occupation.** Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINSTER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATOYARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIC, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.** Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asbestia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease or which he died, denied as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. (Gen. Laws, Chap. 46, Sec. 9.)

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent above said or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed, and that six months after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the said certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or the clerk, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician, in trying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require—Chap. 114, Sec. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . (Gen. Laws, Chap. 38, Sec. 6.)  
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—Chap. 114, Sec. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34. No. 2938-g

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop (City or Town) No. 29 Charles St.	St.,	Ward {	Registered No. 241 (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2	FULL NAME Hattie B. Foley (LeTourneau) (If deceased is a married, widowed or divorced woman, give also maiden name.)			(If U. S. War Veteran, specify WAR)	
(a)	Residence. No. 29 Charles St. Winthrop (Usual place of abode)	St.,	Ward,	(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred 20 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)			
Female	White	MARRIED Married			
5a If married, widowed, or divorced					
HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of Thomas Joseph Foley (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7	If less than 1 day				
AGE 63	Years 9	Months 24	Days	Hours	Minutes
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home				
	10 Date deceased last worked, at this occupation (month) Dec. 1938 11 Total time (years) spent in this occupation 31				
12 BIRTHPLACE (City) Waltham (State or country) Massachusetts					
PARENTS	13 NAME OF FATHER Jacques LeTourneau				
	14 BIRTHPLACE OF FATHER (City) Canada (State or country)				
	15 MAIDEN NAME OF MOTHER Eliza Erskine				
	16 BIRTHPLACE OF MOTHER (City) Fayette (State or country) Maine				
17 Informant Thomas J. Foley husband (Address) 29 Charles St Winthrop Mass					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent or Board of Health or other) Health Officer (Date of Issue of Permit) 11/19/38					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH December - 16 - 1938 (Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) acute cardiac failure probably coronary sclerosis general arterio sclerosis. Found dead in her bed					
(See reverse side for description for unknown person)					
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) Wm. A. Brickley M. D. (Address) 15 State St. Date 16-1938					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)					
DATE OF BURIAL December 19 1938					
22 NAME OF UNDERTAKER Charles R. Bennison					
ADDRESS Winthrop Mass					
Received and filed 19					
DEC 20 1938 (Registrar)					

# EXTRACTS

## FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

### RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition).*

### DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... — *Chap. 114, Sec. 46, G. L. (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... — *General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

### RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

### STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-135 No. 6156F

PLACE OF DEATH

Suffolk  
(County)  
Bentley  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 242

1 No. 55 Highland Ave. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Leonard Hubbard (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 55 Highland Ave. St. Ward, (If U.S. War Veteran (specify WAR) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced HUSBAND of Alice Neale (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store  
10 Date deceased last worked at this occupation (month and year) Dec 1938 11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER Harold Hubbard

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Elizabeth Bottomley

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant Alice Hubbard (wife) (Address) 55 Highland Ave. Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Wm. S. Childress (Signature of Agent of Board of Health or other)

Health Officer 12/19/38 (Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 18 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from December 18, 1938 to December 18, 1938 I last saw him alive on December 18, 1938, death is said to have occurred on the date stated above, at 9:00 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute coronary thrombosis 12/18/38 3 A.M.

Contributory causes of importance not related to principal cause:

Acute pulmonary edema 12/18/38 3 A.M.

Name of operation none Date of operation none

What test confirmed diagnosis clinical lab. Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) J. B. Cassidy M. D. (Address) 1502 Hurley St. Date 12/18/38

21 Place of Burial, Cremation or Removal (City or Town) Rural Cemetery, Bentley

DATE OF BURIAL Dec 20 1938

22 NAME OF UNDERTAKER J. B. Cassidy (Rt.)

ADDRESS 1113 Columbus Ave. Rox.

Received and filed. DEC 20 1938 19 (Registrar)

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is buried; and no such person shall be issued with a permit until he shall have delivered to such board or clerk, as the case may be, a satisfactory written statement, attesting the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith, countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION)

Medical examiners shall make examination upon the view of the bodies of only such persons as are supposed to have died by violence.—GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not actually employed may be returned as AT SCHOOL, or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and own HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MECHANIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

## Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of Onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	.....
.....	.....
.....	.....
.....	.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-735. No. 6156E

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. Winthrop Community Hospital St.,

Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Martha Susan (Anderson) Dewar

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 Woodside Avenue  
(Usual place of abode)St., Ward,  
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 32 years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married	(write the word)
-----------------	--------------------------	--	------------------

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James V. Dewar  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years 3 Months 4 Days If less than 1 day  
Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year) Sept. 1938 11 Total time (years) spent in this occupation 58

12 BIRTHPLACE (City) Boothbay  
(State or country) Maine

13 NAME OF FATHER Edwin Anderson

14 BIRTHPLACE OF FATHER (City) Boothbay  
(State or country) Maine

15 MAIDEN NAME OF MOTHER Vesta Webber

16 BIRTHPLACE OF MOTHER (City) Boothbay  
(State or country) Maine

PARENTS

17 Informant Mrs. Arthur O'Brien (daughter)  
(Address) 235 Court Rd Winthrop Mass

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 243

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran

(specify WAR)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 19 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from December 14, 1938 to December 19, 1938

I last saw her alive on December 19, 1938, death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset

Cerebral Hemorrhage 12/14/38

Contributory causes of importance not related to principal cause:

Arteriosclerosis 1938

Name of operation none Date of operation none  
What test confirmed diagnosis duplex x Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Jacob O'Brien M. D.  
(Address) 362 Stanley Street 12/9/3821 Winthrop Winthrop  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL December 21 1938

22 NAME OF UNDERTAKER Charles R. Bennison  
ADDRESS Winthrop Mass

Received and filed 19

A TRUE COPY ATTEST

(Registrar)

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another, within the commonwealth cannot be obtained early enough for the purpose, the certificate of the attending physician, as above provided for in the possession of the undertaker, may be retained, and the removal shall be continued under such a permit, provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit from the board of health or its agent is obtained in the interim, in the usual form for the removal of such body. If the removal of such body has been sooner obtained hereunder. If the death certificate contains a rectified, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectified shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body on the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly** due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septic, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of occupation.**—The concise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school, or at home.

For a woman whose only occupation was that of housework, write to housework in answer to Question 8 and own name in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOUSE, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STEAMBOAT ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the phrase "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS and WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying. E. G. heart failure, asphyxia, asthma, etc. Give the principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of Onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	
.....	
.....	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34. No. 2938-g



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial  
permit with Board of  
Health or its Agent

244

Registered No. ....

1 PLACE OF DEATH  
Suffolk (County)  
Winthrop (City or Town)  
No. 29 Crystal Cove Ave St. .... Ward {

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME William Walsh  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR) .....

(a) Residence. No. 29 Crystal Cove Ave Winthrop St. .... Ward, .....

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE "Single" (write the word)  
MARRIED  
WIDOWED  
or DIVORCED

5a If married, widowed, or divorced  
HUSBAND of ..... (Give maiden name of wife in full)  
(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 1/2 Years. .... Months. .... Days. .... If less than 1 day  
Hours. .... Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. chore man  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. house  
10 Date deceased last worked at this occupation (month and year) .... few days 11 Total time (years) spent in this occupation .....

12 BIRTHPLACE (City) Sumner D. Mass. (State or country) .....

13 NAME OF FATHER .....

14 BIRTHPLACE OF FATHER (City) .....

15 MAIDEN NAME OF MOTHER .....

16 BIRTHPLACE OF MOTHER (City) .....

17 Informant Dr. Brickley (Address) Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress  
(Signature of Agent of Board of Health and Registrar)

(Official Designation)

(Date of Issue of Permit) 1/9/39

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 22 - 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Arterio Sclerotic Heart Disease  
Probably Coronary Sclerosis  
Senility

Found dead on his bed

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?  
(Signed) Dr. F. Brickley, M. D.  
(Address) Boston Dec 3 - 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop  
(Cemetery) (City or town)

DATE OF BURIAL 1/9/1939 19

22 NAME OF UNDERTAKER C. R. Beirne

ADDRESS Winthrop

Received and filed 1/9/39 19

JAN 5 1939

(Registrar)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

## DESCRIPTION (for unknown person)

**NOTICE TO UNDERTAKERS:** No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 33, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... — *Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... — *General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) *Under cause*, the nature of an injury and of its consequences; and (2) *under manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicaemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) *Under cause*, its known or presumable nature; and (2) *under manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"



tion should be supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. **245**

PLACE OF DEATH

*Suffolk*  
(County)  
*Boston*  
(City or Town)



No. *308 Main St Winthrop* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

*Mary P Kelly*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.  
War Veteran  
specify WAR)

(a) Residence. No.

*308 Main St Winthrop* Ward,

(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *12* years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Single*  
MARRIED  
WIDOWED  
OR DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *22* Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At Home*  
10 Date deceased last worked at this occupation (month and year) *9-35* 11 Total time (years) spent in this occupation *13*

12 BIRTHPLACE (City). *East Boston*  
(State or country) *Mass*

13 NAME OF FATHER *Francis Kelly*

14 BIRTHPLACE OF FATHER (City) *East Boston*  
(State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Susan E Love*

16 BIRTHPLACE OF MOTHER (City) *East Boston*  
(State or country) *Mass*

17 Informant *Francis Kelly* Relation, if any *Father*  
(Address) *308 Main St Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Wm. D. Guldre*  
(Signature of Agent of Board of Health or other)

*Health Officer* (Official Designation) *12/24/35* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Dec* *24* *1935*  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Sept*, 19*35*, to *Dec*, 19*35*.

I last saw him alive on *Dec* *20*, 19*35*, death is said

to have occurred on the date stated above, at *8 P.M.*

The principal cause of death and related causes of importance in order of onset were as follows:

*Cardio. Renal* Date of Onset *6/1/35*  
IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation *none* Date of *Dec*  
What test confirmed diagnosis? *clinical* Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *4 1/2 weeks*  
(Signed) *J. J. Guldre*, M. D.  
(Address) *22 East St Winthrop* Date *12-26-1935*

21 *Holy Cross Malden*  
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Dec 27* 19*35*

22 NAME OF UNDERTAKER *William A Treanor*  
ADDRESS *559 Saratoga St E B*

Received and filed. *DEC 23 1935* 19*35*

(Registrar)

# RETURN OF CERTIFICATES OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be compared. Take some entry in this section for every person included on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatsoever, write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.**

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the specific occupation, as CARPENTER, ELECTRICIAN, PLUMBER, etc. Distinguish carefully between the terms "merchants" and "wholesale merchants." A person who sells goods should be called a salesman and not a clerk.

**Statement of Cause of Death.**—Cause of death means the disease or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, assthemia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
<p>The <b>principal cause of death</b> and related causes of importance in order of onset were as follows:</p> <p><i>Arteriosclerosis</i></p> <p><i>Chronic intestinal malabsity</i></p> <p><i>Cerebral hemorrhage</i></p> <p><b>Contributory causes</b> of importance not related to principal cause:</p>	<p><b>Date of Onset</b></p> <p>1915</p> <p>1921</p> <p>July 5, 1927</p>

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person who has died during his last illness, at the request of the family or other authorized person, issue, if any, a certificate of death, and, if necessary, furnish a registration certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAPTER 46, SEC. 9.

A **human body** or **other person**, shall move or otherwise dispose of a **human body** in a town, or bury therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb over than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent abroad or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or, if insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such certificate is received in the usual form for-  
[The following chapter has been so amended as to be obsolete and abandoned hereunder:] If the death certificate contains a rectorial, as required by section 10 of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war, it shall be placed in the hands of the selectmen of the town in which it was deposited, and they shall return it to the clerk of the town for registration, and transmit it to the clerk of the town for registration, retaining the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (TERMINARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury any human body or the remains thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. —CHAP. 114, SEC. 46G, L. (THIRTIETH ANNUAL EDITION)

## RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include, not only deaths caused directly and indirectly by physical forces, but also deaths caused indirectly and by the action of chemical (gases or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



information should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS



To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. **246**

1 PLACE OF DEATH { Suffolk (County)  
Winthrop (City or Town)  
No. 100 Sagamore Avenue St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Edward Marsters (If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. 100 Sagamore Avenue St., Ward, (If nonresident, give city or town and state)  
Length of residence in city or town where death occurred 40 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (write the word) Married

18 DATE OF DEATH December 25 1938 (Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Mary Louise Schlehuber (Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 23 1938 to Dec. 25 1938.

(or) WIFE of (Husband's name in full)

I last saw h. in alive on Dec. 24 1938, death is said to have occurred on the date stated above, at 9:55 a.m.

6 IF STILLBORN, enter that fact here.

The principal cause of death and related causes of importance in order of onset were as follows:

7 AGE 68 Years 9 Months 18 Days If less than 1 day Hours Minutes

Generalized arteriosclerosis Cerebral degeneration Uremia Date of Onset (IMPORTANT) 1937 12/23/38

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tourist agency

Contributory causes of importance not related to principal cause:

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Saint John (State or country) New Brunswick

13 NAME OF FATHER Joseph L. Marsters

14 BIRTHPLACE OF FATHER (City) Saint John (State or country) New Brunswick

15 MAIDEN NAME OF MOTHER Eliza Langan

16 BIRTHPLACE OF MOTHER (City) Saint John (State or country) New Brunswick

17 Mrs. Mary L. Marsters (Information) (Address) 100 Sagamore Ave. Winthrop Mass

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Charles R. Bennison, M. D. (Address) Winthrop, Mass. Date 12/27 1938

21 PLACE OF BURIAL CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL December 28 1938

22 NAME OF UNDERTAKER Charles R. Bennison Winthrop Mass

ADDRESS

Received and filed 19

DEC 28 1938 (Registrar)

## RETURN OF CERTIFICATES OF DEATH

### GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....  
*Gen. Laws, Chap. 46, Sec. 9.*

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Put out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

### Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1914
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from diseases unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is assent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection, related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

WORCESTER

(County)

RUTLAND

(City or Town)

RUTLAND

(City or town making return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 199

No. Veterans Administration St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wilton Wharton, Jr.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 53 Crest Avenue St., Ward, Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 3 mos. - days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Married

5a If married, widowed, or divorced Agnes Reynolds

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 48 1 23 If less than 1 day AGE Years Months Days Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper man

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) Feb. 1934 11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) New York (State or country) New York

13 NAME OF FATHER Wilton Wharton

14 BIRTHPLACE OF FATHER (City) Richmond (State or country) Virginia

15 MAIDEN NAME OF MOTHER Elizabeth Curley

16 BIRTHPLACE OF MOTHER (City) New York (State or country) New York

17 Informant Hospital Records (Address)

A TRUE COPY.

ATTEST: Frances P. Hanff (Registrar of city or town where death occurred)

DATE FILED December 28, 1938 19

18 DATE OF DEATH December 27, 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 27, 1938 December 27, 1938

in December 27, 1938, death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Tuberculosis of the lungs Unknown

Contributory causes of importance not related to principal cause:

Name of operation Physical Date of What test confirmed diagnosis? x-ray, lab. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? GEM If so, specify J.E. Keirans, Act'g Clin. Director (Signed) VAP (Address) Rutland Hts. Mass. Date 12/28/38

21 PLACE OF BURIAL, CREMATION OR REMOVAL National, Pinelawn, N.Y. (Cemetery) (City or town)

DATE OF BURIAL December 30, 1938 19

22 NAME OF UNDERTAKER Frank H. Miles Co.

ADDRESS Jefferson, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



JAN 1 1900 AM



PLACE OF DEATH

Suffolk

(County)

Wentworth

(City or Town)

No. 25 Pearl Ave.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 248

2 FULL NAME

Thomas J. O'Neil

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran

specify WAR)

(a) Residence. No. 25 Pearl Ave.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U.S., if of foreign birth?

years

months

days.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OF RACE

White

5 SINGLE

MARRIED  
WIDOWED  
or DIVORCED

(Write the word)

Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

City of Boston

10 Date deceased last worked at this occupation (month, year)

Aug. 1935

11 Total time (years) spent in this occupation 42

12 BIRTHPLACE (City) (State or country) Charleston Mass

13 NAME OF FATHER

Michael F. O'Neil

14 BIRTHPLACE OF FATHER (City) (State or country) Charleston Mass

15 MAIDEN NAME OF MOTHER

Mary M. E. Roy

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant (Address) Mrs. Bertha (Sister) 25 Pearl Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/29/38

18 DATE OF DEATH

Dec. 28 1938 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from about Dec. 1, 1938, to Dec. 28, 1938

I last saw him alive on Dec. 27, 1938, death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Hodgkins Disease

Date of Onset

June 1938

Contributory causes of importance not related to principal cause:

Name of operation none Date of What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Enoch E. Brown, M. D. (Address) 12 Pearl Ave. Date Dec. 29, 1938

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec. 30 1938

22 NAME OF UNDERTAKER John F. O'Neil

ADDRESS 25 Pearl Ave. Wentworth

Received and filed DEC 30 1938 19

A TRUE COPY ATTEST:

(Registrar)

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, deemed as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall knowingly or otherwise dispose of a human body in a town, or remove it therefrom, or from a place in which it has been buried, until he has received a permit from the clerk of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent abroad, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained, early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a retical, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board, of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of health or the registrar. If the person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the age, sex, color, or race to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46 G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not lawfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashtenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of Onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
.....	.....
.....	.....
.....	.....
.....	.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36. No. 9080-g



## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

BROOKLINE

(City or town making return)

Registered No. 595

1 PLACE OF DEATH  
NORFOLK  
(County)  
BROOKLINE  
(City or Town)  
No. 76 BROOK St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME SARAH WOODRING  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)

249

(a) Residence. No. 21 ORLANDO AVENUE St., WINTHROP, MASS.  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James N. Woodring  
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 98 Years 4 Months 21 Days If less than 1 day  
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Pennsylvania  
(State or country)

13 NAME OF FATHER (Unknown) Roth

14 BIRTHPLACE OF FATHER (City) Pennsylvania  
(State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Cannot be learned  
(State or country)

17 Informant Isobell Zehringer (Daughter)  
(Address) 21 Orlando Avenue, Winthrop

A TRUE COPY. Arthur J. Shinn  
ATTEST: (Registrar of city or town where death occurred)

DATE FILED December 31, 1938

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 31 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 19 38, December 31, 19 38.

I last saw her alive on December 30, 19 38, death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Hypostatic pneumonia

Date of onset  
1 wk.

Contributory causes of importance not related to principal cause:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? NO.

If so, specify

(Signed) Edward L. Kickham M. D.

(Address) 432 Wash. St. Brkln Date 12/31/38

21 Newton Cemetery, Newton  
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL January 3, 1939

22 NAME OF UNDERTAKER Richard H. White

ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED



JAN 13 1892 AM



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-34. No. 2938-g

1 PLACE OF DEATH  
 Suffolk (County)  
 Northrop (City or Town)  
 No. 527 Shirley St., Ward



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
 MEDICAL EXAMINER'S  
 CERTIFICATE OF DEATH

To be filed for burial  
 permit with Board of  
 Health or its Agent.

Registered No. 250

2 FULL NAME James M. Coniney  
 (If deceased is a married, widowed or divorced woman, give the maiden name.)  
 (a) Residence. No. 877 Shirley St. Ward, Northrop  
 (Usual place of abode) (If nonresident, give city or town and state)  
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male  
 4 COLOR OR RACE White  
 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed  
 (write the word)  
 5a If married, widowed, or divorced  
 HUSBAND of Martha J. Coniney  
 (Give maiden name of wife in full)  
 (or) WIFE of  
 (Husband's name in full)  
 6 IF STILLBORN, enter that fact here.  
 7 AGE 70 Years Months Days If less than 1 day Hours Minutes  
 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10 Date deceased last worked at this occupation (month and year) Cannot be learned  
 11 Total time (years) spent in this occupation Superior Court

12 BIRTHPLACE (City) Scotland  
 (State or country)

13 NAME OF FATHER Cannot be learned

14 BIRTHPLACE OF FATHER (City) Cannot be learned  
 (State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Cannot be learned  
 (State or country)

17 Informant Christopher C. Mitchell, P.O.  
 (Address) 25 Marlborough Square, Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

ADRIAN E. CHAMPTON  
 (Signature of Agent of Board of Health or other)

(Official Designation) 16 1939 (Date of Issue of Permit) 7334

BOSTON HEALTH DEPT.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 20, 1935  
 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Cardiac Failure  
 probably coronary  
 disease - found dead  
 in home.

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?  
 (Signed) Frederick J. Henry, M. D.  
 Address 106 Marlborough St. Date 6/6/39

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills Cemetery  
 (Cemetery) (City or town)

DATE OF BURIAL January 11, 1938

22 NAME OF UNDERTAKER Kathleen G. Birmingham

ADDRESS 379 Market St. Brighton

Received and filed. 19

JAN 20 1939

(Registrar)

## RETURN OF CERTIFICATES OF DEATH


(*Tercentenary Edition.*)

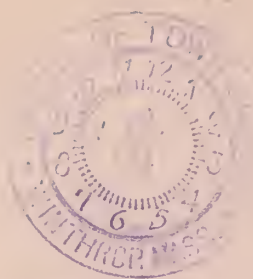
If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



1 PLACE OF DEATH	<b>SUFFOLK</b> (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS <b>MEDICAL EXAMINER'S          CERTIFICATE OF DEATH</b>		<b>BOSTON</b> (City or town making return)
	<b>BOSTON</b> (City or Town)		Registered No. <b>9928</b>		
	No. <b>Mass General Hosp</b>	St. _____	Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)		
	2 FULL NAME <b>Joseph A Francis</b> (If deceased is a married, widowed or divorced woman, give also maiden name.)				{ (If U. S. War Veteran, specify WAR) <b>251</b>
	(a) Residence. No. <b>355 Winthrop</b>		St. _____ Ward, <b>Winthrop</b>		(If nonresident, give city or town and state)
	Length of residence in city or town where death occurred    yrs.    mos.    days    How long in U. S., if of foreign birth?    yrs.    mos.    days.				
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)			
<b>M</b>	<b>W</b>	<b>MARRIED</b> WIDOWED or DIVORCED <b>Married</b>			
5a If married, widowed, or divorced HUSBAND of <b>Carrie Ingersol</b> (Give maiden name of wife in full)					
(or) WIFE of _____ (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7 AGE <b>47</b> Years _____ Months _____ Days _____		If less than 1 day _____ Hours _____ Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>painter</b>				
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>job</b>				
	10 Date deceased last worked at this occupation (month and year) <b>11/38</b>				
11 Total time (years) spent in this occupation <b>35</b>					
12 BIRTHPLACE (City) _____ (State or country) <b>Truro Mass</b>					
PARENTS	13 NAME OF FATHER <b>Alexander Francis</b>				
	14 BIRTHPLACE OF FATHER (City) _____ (State or country) <b>Azores</b>				
	15 MAIDEN NAME OF MOTHER <b>Mary Joseph</b>				
	16 BIRTHPLACE OF MOTHER (City) _____ (State or country) <b>Truro</b>				
17 Informant (Address) <b>wife</b>					
A TRUE COPY <b>Kilda Hedetom Dink</b>					
ATTEST: _____ (Registrar of city or town where death occurred)					
DATE FILED _____					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <b>Dec 4/38</b> (Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)					
<b>traumatic intracranial hemorrhage</b> <b>compound fracture left lower leg-crush</b> <b>of left lower leg-said to have been injured by an auto at Provincetown Mass</b>					
20 If death was due to external causes (VIOLENCE) fill in the following:					
Accident, _____ Suicide or _____ Homicide? _____					
Date of injury <b>Nov 24/38</b> 19____					
Where did injury occur? <b>pedestrian -Provincetown Mass</b> (City or town and State)					
Manner of Injury _____					
Nature of Injury _____					
21 Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <b>W J Brickley</b> , M. D. (Address) <b>Boston</b> Date <b>12/4/38</b> 19____					
22 PLACE OF BURIAL, CREMATION OR REMOVAL <b>Winthrop-Winthrop</b> (Cemetery) (City or town)					
DATE OF BURIAL <b>12/6/38</b> 19____					
23 NAME OF UNDERTAKER <b>R H White</b>					
ADDRESS <b>Winthrop</b>					
Received and filed <b>12/7/38</b> 19____					
<b>JAN 24 1939</b> (Registrar of City or Town where deceased resided)					



JAN 24 1933 AM



1 PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Home for Aged Men

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 10128

2 FULL NAME Francis George

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.  
War Veteran,  
specify WAR)

252

(a) Residence. No. 919 Shirley

(Usual place of abode)

St.,

Ward,

Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)  
Elma M. Stevens

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 70 Years 4 Months 19 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

gen work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

12/38

11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

wife

17

Informant (Address)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec 10/38

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

coronary sclerosis-treated therefor  
fall from table-No evidence of injury

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

Suicide or

Homicide?

Date of injury 19

Where did

injury occur?

(City or town and State)

Manner of

Injury

Nature of

Injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. Leary

M. D.

(Address) Boston

Date 12/10/38

22 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

12/13/38

19

23 NAME OF UNDERTAKER

C R Eernison

ADDRESS

Winthrop

Received and filed

12/14/38

19

(Registrar of City or Town where deceased resided)




JAN 24 1939 AM



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-36. No. 9080-g

<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p><b>SUFFOLK</b> (County) <b>BOSTON</b></p> </div> <div style="text-align: center;">  <p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS</p> </div> <div style="text-align: center;"> <p><b>BOSTON</b> (City or town making return) <b>10149</b></p> </div> </div>	
<p><b>STANDARD</b> <b>CERTIFICATE OF DEATH</b></p>	
<p>Registered No. ....</p>	
<p>1</p>	<p>PLACE OF DEATH <b>Mass General Hosp</b> No. .... St., .... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>
<p>2 FULL NAME <b>Joseph Adams</b> (If deceased is a married, widowed or divorced woman, give also maiden name.)</p>	
<p>(a) Residence. No. <b>14 Mermaid Ave</b> St., .... Ward, <b>Winthrop</b> (Usual place of abode) (If nonresident, give city or town and state)</p>	
<p>Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.</p>	
<p><b>PERSONAL AND STATISTICAL PARTICULARS</b></p>	
<p>3 SEX <b>M</b></p>	<p>4 COLOR OR RACE <b>W</b></p>
<p>5 SINGLE MARRIED WIDOWED OR DIVORCED <b>Widowed</b> (write the word)</p>	
<p>5a If married, widowed, or divorced <b>Bertha Basch</b> HUSBAND of (Give maiden name of wife in full)</p>	
<p>(or) WIFE of (Husband's name in full)</p>	
<p>6 IF STILLBORN, enter that fact here.</p>	
<p>7 <b>75</b> AGE Years Months Days If less than 1 day Hours Minutes</p>	
<p>OCCUPATION</p>	<p>8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>letter carrier post office</b></p>
<p>9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.</p>	
<p>10 Date deceased last worked at this occupation (month and year) <b>1928</b> 11 Total time (years) spent in this occupation <b>35</b></p>	
<p>12 BIRTHPLACE (City) (State or country) <b>Boston</b></p>	
<p>PARENTS</p>	<p>13 NAME OF FATHER <b>Moyer Adams</b></p>
	<p>14 BIRTHPLACE OF FATHER (City) (State or country) <b>Germany</b></p>
	<p>15 MAIDEN NAME OF MOTHER -----</p>
	<p>16 BIRTHPLACE OF MOTHER (City) (State or country) <b>Germany</b></p>
<p>17 Informant (Address) <b>Frances Baxter</b> Relation, if any <b>dau.</b></p>	
<p>A TRUE COPY. <b>James A. Burke</b> ATTEST: (Registrar of city or town where death occurred)</p>	
<p>DATE FILED 19..</p>	
<p><b>MEDICAL CERTIFICATE OF DEATH</b></p>	
<p>18 DATE OF DEATH <b>Dec 11/38</b> (Month) (Day) (Year)</p>	
<p>19 I HEREBY CERTIFY, That I attended deceased from <b>12/11/38</b>, 19.., to <b>12/11/38</b>, 19.. I last saw him alive on <b>12/11/38</b>, 19.., death is said to have occurred on the date stated above <b>6:30p</b> m. The principal cause of death and related causes of importance in order of onset were as follows: <b>carcinoma of the sigmoid intestinal obstruction</b> ..?, <b>5dys</b> Contributory causes of importance not related to principal cause: Name of operation <b>attempted cecostomy</b> Date of <b>12/11/38</b> What test confirmed diagnosis? <b>yes</b> Was there an autopsy?</p>	
<p>20 Was disease or injury in any way related to occupation of deceased? <b>yes</b> If so, specify (Signed) <b>M. J. Rheas</b> M. D. (Address) <b>Mass Gen Hosp</b> Date <b>12/12/38</b></p>	
<p>21 Place of Burial <b>Chevre Kadusha - Woburn</b> (City or Town) DATE OF BURIAL <b>12/14/38</b> 19..</p>	
<p>22 NAME OF UNDERTAKER <b>B. F. Solomon</b> ADDRESS <b>Brookline</b> Received and filed <b>12/14/38</b> 19.. <b>DEC 21 1939</b> (Registrar of City or Town where deceased resided)</p>	




JAN 2 1963 AM



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-1-36. No. 9080-g

 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON
		(City or town making return)
1	<b>PLACE OF DEATH</b> { SUFFOLK (County) BOSTON (City or town)	<b>STANDARD CERTIFICATE OF DEATH</b> Registered No. <b>10507</b> (If death occurred in a hospital or institution, give its NAME instead of street and number)
	No. <b>Mary G Egan</b> St., _____ Ward {	(If U. S. War Veteran, specify WAR) <b>251</b> <b>Winthrop</b>
	<b>2 FULL NAME</b> (If deceased is a married, widowed or divorced woman, give also maiden name.) <b>10 Peble Ave</b>	
	<b>(a) Residence. No.</b> _____ <b>St.,</b> _____ <b>Ward,</b> _____ (Usual place of abode)	(If nonresident, give city or town and state)
	<b>Length of residence in city or town where death occurred</b> yrs. mos. days.	<b>How long in U. S., if of foreign birth?</b> yrs. mos. days.
<b>PERSONAL AND STATISTICAL PARTICULARS</b>		
<b>3 SEX</b> F	<b>4 COLOR OR RACE</b> W	<b>5 SINGLE MARRIED (write the word)</b> MARRIED <b>Married</b> WIDOWED or DIVORCED
<b>5a If married, widowed, or divorced</b> <b>HUSBAND of</b> <b>James J Egan</b> (Give maiden name of wife in full)		
<b>(or) WIFE of</b> _____ (Husband's name in full)		
<b>6 IF STILLBORN, enter that fact here.</b>		
<b>7 AGE</b> <b>50</b> Years Months Days If less than 1 day Hours Minutes		
<b>OCCUPATION</b>	<b>8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <b>housewife</b>	
	<b>9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <b>own home</b>	
	<b>10 Date deceased last worked at this occupation (month and year)</b> <b>10/38</b>	
		<b>11 Total time (years) spent in this occupation</b> <b>19</b>
<b>12 BIRTHPLACE (City) (State or country)</b> <b>Boston</b>		
<b>PARENTS</b>	<b>13 NAME OF FATHER</b> <b>James Bowen</b>	
	<b>14 BIRTHPLACE OF FATHER (City) (State or country)</b> <b>Ireland</b>	
	<b>15 MAIDEN NAME OF MOTHER</b> <b>Mary Donlon</b>	
	<b>16 BIRTHPLACE OF MOTHER (City) (State or country)</b> <b>Ireland</b>	
<b>17 Informant (Address)</b> <b>Elizabeth Bowen</b> <b>Sister</b> ( )		
<b>A TRUE COPY.</b> <b>James Q. Burke</b>		
<b>ATTEST:</b> _____ (Registrar of city or town where death occurred)		
<b>DATE FILED</b> _____ 19____		
<b>MEDICAL CERTIFICATE OF DEATH</b>		
<b>18 DATE OF DEATH</b> <b>Dec 24/38</b> (Month) (Day) (Year)		
<b>19 I HEREBY CERTIFY, That I attended deceased from</b> <b>10/31/38</b> , 19____, to <b>12/24/38</b> , 19____ I last saw him/her alive on <b>12/24/38</b> , 19____, death is said to have occurred on the date stated above at <b>8.25a</b> m. The principal cause of death and related causes of importance in order of onset were as follows:		
<b>carcinoma of descending colon</b> <b>peritonitis</b>		<b>7/38</b> <b>days</b>
<b>Contributory causes of importance not related to principal cause:</b>		
<b>transverse colostomy</b> <b>11/1/38</b> <b>ex. cancer of colon</b> <b>12/1/38</b> What test confirmed diagnosis? _____ Was there an autopsy? _____		
<b>20 Was disease or injury in any way related to occupation of deceased?</b> <b>yes</b> If so, specify _____ (Signed) <b>W B Osgood</b> M. D. (Address) <b>Peter B B Hosp</b> Date <b>12/24/38</b>		
<b>21 Place of Burial, Cremation or Removal.</b> <b>Calvary</b> (City or Town) <b>DATE OF BURIAL</b> <b>12/26/38</b> 19____		
<b>22 NAME OF UNDERTAKER</b> <b>J F O'Malley</b> <b>ADDRESS</b> <b>Winthrop</b>		
<b>Received and filed</b> <b>12/28/38</b> 19____ <b>JAN 21 1939</b> (Registrar of City or Town where deceased resided)		




JAN 24 1969 AM



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m. 11.36. No. 9080-g

1 PLACE OF DEATH		(SUFFOLK County) <b>BOSTON</b>		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		<b>BOSTON</b> (City or town making record) <b>10004</b>	
		<b>STANDARD</b> <b>CERTIFICATE OF DEATH</b>		Registered No. ....			
		Peter Bent Brigham Hosp No. .... St., .... Ward {		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
		James L Leary					
		2 FULL NAME ..... 65 Summit Ave.		(If U. S. War Veteran, give city or town and state) <b>255 Winthrop</b>			
		(a) Residence. No. .... St., .... Ward, .... (Usual place of abode) (If nonresident, give city or town and state)					
		Length of residence in city or town where death occurred yrs. mos. days.		How long in U. S., if of foreign birth? yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX <b>M</b>		4 COLOR OR RACE <b>W</b>		5 SINGLE MARRIED (write the word) <b>Married</b>			
5a If married, widowed, or divorced <b>Anna E Barter</b> HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of ..... (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 <b>52</b> AGE ..... Years ..... Months ..... Days ..... If less than 1 day ..... Hours ..... Minutes							
OCCUPATION		8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>clerk Public Works Dept.</b> 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
		10 Date deceased last worked at this occupation (month and year) <b>12/38</b>		11 Total time (years) spent in this occupation <b>3</b>			
12 BIRTHPLACE (City) ..... <b>Boston</b> (State or country)							
13 NAME OF FATHER <b>Edward Leary</b>							
14 BIRTHPLACE OF FATHER (City) ..... <b>Boston</b> (State or country)							
15 MAIDEN NAME OF MOTHER <b>Annie McGrath</b>							
16 BIRTHPLACE OF MOTHER (City) ..... <b>Boston</b> (State or country)							
17 Informant (Address) ..... <b>Wife</b> (Relationship, if any)							
A TRUE COPY. <b>James A. Burke</b>							
ATTEST: ..... (Registrar of city or town where death occurred)							
DATE FILED ..... 19.....							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH <b>Dec 26/38</b> (Month) (Day) (Year)							
19 I HEREBY CERTIFY That I attended deceased from <b>12/24/38</b> to <b>12/26/38</b> , 19..... I last saw him alive on <b>12/26/38</b> , 19....., death is said to have occurred on the date stated above at <b>9:40p</b> m. The principal cause of death and related causes of importance in order of onset were as follows:							
<b>diabetes mellitus 1930</b> <b>brain tumor-type undetermined 7/38</b>							
Contributory causes of importance not related to principal cause:							
Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? <b>yes</b>							
20 Was disease or injury in any way related to occupation of deceased? ..... If so, specify ..... (Signed) <b>W. B. Osgood</b> , M. D. (Address) <b>Peter B B Hosp</b> Date <b>12/27/38</b>							
21 Place of Burial, Cremation or Removal <b>Winthrop-Winthrop</b> (City or Town) DATE OF BURIAL <b>12/29/38</b> 19.....							
22 NAME OF UNDERTAKER <b>J F O'Malley</b> ADDRESS <b>Winthrop</b> <b>12/30/38</b>							
Received and filed <b>JAN 24 1939</b> 19..... (Registrar of City or Town where deceased resided)							



JAN 24 1939 AM




MARGIN RESERVED FOR BINDING

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50m-11-36, No. 9080-g

**SUFFOLK**  
**BOSTON** (County)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

**BOSTON**

(City or town making return)

**STANDARD  
CERTIFICATE OF DEATH**

1 PLACE OF DEATH **Jewish Memorial Hosp** (City or town making return) **1958**

No. **Sarah Skolnick** St., **Ward** { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Sarah Skolnick** (If deceased is a married, widowed or divorced woman, give also maiden name.) **256**

(a) Residence. No. **10 Beach Rd** St., **Ward** (If nonresident, give city or town and state) **Winthrop**

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE MARRIED WIDOWED or DIVORCED **Married** (write the word)

5a If married, widowed, or divorced HUSBAND of **Isadore Skolnick** (or) WIFE of **Isadore Skolnick** (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **40** Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **housewife**

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**

10 Date deceased last worked at this occupation (month and year) **1937** 11 Total time (years) spent in this occupation **40**

12 BIRTHPLACE (City) **Russia** (State or country)

13 NAME OF FATHER **Mendel Bloomberg**

14 BIRTHPLACE OF FATHER (City) **Russia** (State or country)

15 MAIDEN NAME OF MOTHER **Rose Brint**

16 BIRTHPLACE OF MOTHER (City) **Russia** (State or country)

17 Informant (Address) **James A. Burke** Relation, if any **husband**

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH **Dec 27/38** (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **11/1/38**, 19 to **12/27/38**, 19

I last saw him or her alive on **12/27/38**, 19, death is said to have occurred on the date stated above, at **10:00** m.

The principal cause of death and related causes of importance in order of onset were as follows:

**br pneumonia**

Contributory causes of importance not related to principal cause:

**fracture of spine with transverse cord injury & incontinence of urine & feces**

Name of operation **laminectomy** Date of operation **8/31/37**

What test confirmed diagnosis? **Was there an autopsy?**

20 Was disease or injury in any way related to occupation of deceased? **If so, specify**

(Signed) **D. Glunts**, M. D. (Address) **2 Franklin Garden** Date **12/27/38**

21 Place of Burial, Cremation or Removal **Monticlore-Everett** (City or Town)

DATE OF BURIAL **12/27/38** 19

22 NAME OF UNDERTAKER **M. Stanetsky** ADDRESS **Boston**

Received and filed **12/23/38** 19

**JAN 24 1939**

(Registrar of City or Town where deceased resided)

A TRUE COPY. **James A. Burke** (Registrar of city or town where death occurred)

ATTEST: **James A. Burke** (Registrar of city or town where death occurred)

DATE FILED **19**



JAN 24 1939 AM





The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
**STANDARD  
CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
Suffolk (County)  
Chelsea (City or Town)  
No. Soldiers' Home St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 736

2 FULL NAME George N. Seifert  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(If U. S. War Veteran, specify WAR) World

(a) Residence. No. 24 Sunnyside Ave. St., Ward, Winthrop, Mass.  
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced HUSBAND of Josephine Leonard (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years 6 Months 17 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Mariner  
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10 Date deceased last worked at this occupation (month and year)  
11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) Rega (State or country) Latvia

13 NAME OF FATHER Ludwig

14 BIRTHPLACE OF FATHER (City) Germany (State or country)

15 MAIDEN NAME OF MOTHER Vilemina Trescovrous

16 BIRTHPLACE OF MOTHER (City) Rega (State or country) Latvia

17 Informant Hospital Records (Address) Relation, if any

A TRUE COPY. Lewis Glazer, M.D.  
AGENT (Registrar of city or town where death occurred)

DATE FILED 12-28-38

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 28, 1938  
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1938, to Dec. 28, 1938  
I last saw him alive on Dec. 28, 1938, death is said to have occurred on the date stated above, at 9:56A m.

The principal cause of death and related causes of importance in order of onset were as follows:

Broncho-pneumonia 12-24-38  
Pyelo-nephritis ?  
Chronic Cystitis ?

Contributory causes of importance not related to principal cause:  
Arterio-sclerotic heart disease ?

two state Prostatectomy 12-6-38  
Name of operation Date of  
What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Lewis Glazer M. D.  
(Address) Soldiers' Home Date 12-28-38

21 Woodlawn Cemetery, Everett  
Place of Burial, Cremation or Removal (City or Town)  
DATE OF BURIAL Dec. 30, 1938 19

22 NAME OF UNDERTAKER C.R. Dennison  
ADDRESS Winthrop, Mass.

Received and filed Dec. 30, 1938 19

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



JAN 11 1939 AM



N.B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9-11-10931

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## 1. PLACE OF DEATH

County \_\_\_\_\_ State DC Registered No. 396331  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Walter Reed Gen Hosp Ward 338  
(If death occurred in a hospital or institution, give its name instead of street and number)  
Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. 2 Walter Reed Gen Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode.) (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	21. DATE OF DEATH (month, day, and year) <u>Sept. 18, 1938</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Edna V. Ettridge</u>			22. I HEREBY CERTIFY, that I attended deceased from <u>7-2</u> , 1938, to <u>9-18</u> , 1938
6. DATE OF BIRTH (month, day, and year) <u>3-28-83</u>			I last saw him alive on <u>9-18</u> , 1938; death is said to have occurred on the date stated above, at <u>12:06 A.M.</u>
7. AGE Years <u>55</u> Months <u>5</u> Days <u>20</u>	If LESS than 1 day, _____ hrs. _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Officer</u>	Principal cause of death and related causes of Importance were as follows: <u>Arterio sclerosis, generalized with coronary involvement, with coronary occlusion, acute, dated 3/28/38, and congestive heart failure duration unknown</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U.S. Army</u>	Other contributory causes of Importance: <u>None</u>		
10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) <u>East Boston</u> (State or country) <u>Mass</u>			
13. NAME <u>James A. Ettridge</u>			
14. BIRTHPLACE (city or town) <u>unknown</u> (State or country) _____			
15. MAIDEN NAME <u>Margaret Robinson</u>			
16. BIRTHPLACE (city or town) <u>East Boston</u> (State or country) <u>Mass</u>			
17. INFORMANT <u>Records MARY</u> (Address) _____			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Walter Reed Gen Hosp</u> Date <u>9-19</u> , 1938			
19. UNDERTAKER <u>M. A. Toller</u> (Address) <u>4217-9th St.</u>			
20. FILED _____, 19 _____ Registrar.			

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy no  
23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_  
Where did Injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether Injury occurred in Industry, in home, or in public place.  
Manner of Injury \_\_\_\_\_  
Nature of Injury \_\_\_\_\_  
24. Was disease or Injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Alva B. McKie M. D.  
(Address) Walter Reed Gen Hosp

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AR-61939 M













